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1 IN THE UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION  
4  
5 -----X  
6 IN RE: NATIONAL PRESCRIPTION ) MDL No. 2804  
7 LITIGATION ) Case No. 17-md-2804  
8 This document relates to: ) Hon. Dan A. Polster  
9 All Cases )  
10 -----X  
11 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
12 CONFIDENTIALITY REVIEW  
13 V O L U M E I I  
14 VIDEOTAPED DEPOSITION OF RICHARD SACKLER, M.D.  
15 STAMFORD, CONNECTICUT  
16 FRIDAY, MARCH 8, 2019  
17 9:37 A.M.  
18  
19  
20  
21  
22  
23  
24 Reported by: Leslie A. Todd

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1 Deposition of RICHARD SACKLER, M.D., held at  
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14 This deposition was taken before Special  
15 Master David R. Cohen.  
16  
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1	C O N T E N T S	
2	EXAMINATION OF RICHARD SACKLER, M.D.	PAGE
3	By Ms. Singer	245
4	By Mr. Hanly	382, 445
5	By Mr. Bernick	424
6		
7	E X H I B I T S	
8	(Attached to transcript)	
9	SACKLER-PURDUE DEPOSITION EXHIBITS	PAGE
10	No. 34 E-mail string re Rural Area	
11	Prescription Abuse, Bates PPLPC	
12	018000008751 to 018000008752	246
13	No. 35 E-mail string re OXYCONTIN, Bates	
14	PDD1706142047 to 1706142050	250
15	No. 36 Article from National Drug	
16	Intelligence Center, OxyContin	
17	Diversion and Abuse, January 2001	255
18	No. 37 E-mail string re Another "snorting	
19	Oxy" message from Deja.com, Bates	
20	PKY181018182	258
21	No. 38 Letter to Medical Rehab Asso Inc.	
22	from U.S. Department of Justice,	
23	dated February 18, 2000, Bates	
24	PKY181257020 to 181257021	265

1	E X H I B I T S C O N T I N U E D	
2	(Attached to transcript)	
3	SACKLER-PURDUE DEPOSITION EXHIBITS	PAGE
4	No. 39 (Exhibit number not used.)	
5	No. 40 PowerPoint presentation entitled	
6	"Untreated pain is America's silent	
7	epidemic," Neil Irick, M.D., Bates	
8	PDD1701049451 to 1701049468	285
9	No. 41 E-mail string re Another hit out of	
10	Cincinnati on OxyContin thief, Bates	
11	PPLPC042000001549 to 042000001550	268
12	No. 42 Document entitled "Protecting	
13	Patients' Rights to Proper Pain	
14	Management - New England	
15	Initiative," Robin Hogen, Bates	
16	PKY180277573 to 180277584	272
17	No. 43 E-mail string re Gadsden, Alabama	
18	Hot Spot, Bates PKY182793862 to	
19	182793864	288
20	No. 44 Federal News Service, Capital Hill	
21	Hearing, May 17, 2001, Bates	
22	PDD1701611080 to 1701611082	293
23		
24		

1	E X H I B I T S C O N T I N U E D	
2	(Attached to transcript)	
3	SACKLER DEPOSITION EXHIBITS	PAGE
4	No. 45 E-mail re I suggest that we	
5	consider sending the following via	
6	E-mail, fax and regular mail	
7	Thursday	301
8	No. 46 Document headed "I suggest that we	
9	consider sending the following via	
10	e-mail fax and regular mail	
11	Thursday," Bates PPLPC04500000399	310
12	No. 47 E-mail string re I suggest that we	
13	consider sending the following via	
14	E-mail, fax and regular mail	
15	Thursday, Bates PPLPC045000005398	316
16	No. 48 E-mail string re Potential Action	
17	by the DEA to Limit Oxycodone	
18	Supply	317
19	No. 49 Telefax communication to Richard	
20	Sackler from Richard Blumenthal,	
21	dated 7/31/01, Bates PKY180196030	
22	to 180196035	319
23		
24		

1	E X H I B I T S C O N T I N U E D	
2	(Attached to transcript)	
3	SACKLER DEPOSITION EXHIBITS	PAGE
4	No. 50 The patient bill of rights for	
5	pain management, Bates PKY180115743	
6	to 180115754	338
7	No. 51 SAMHSA, Treatment Episode Data Set	
8	(TEDS), data received through	
9	11.03.10	345
10	No. 52 E-mail re News	356
11	No. 53 E-mail string re Unique Valentine	
12	gift ideas from Chaang, Bates	
13	PDD8801133516 to 8801133517	365
14	No. 54 E-mail string re How are you doing?	366
15	No. 55 United States Patent 9,101,625	372
16	No. 56 Agreed Statement of Facts, Bates	
17	PDD1712900035 to 1712900053	376
18	No. 57 Infoplease web pages, 3/4/2019, on	
19	Major Blizzards in the U.S.	384
20	No. 58 E-mail re oxyphlms.doc, Bates	
21	PDD1701789804 to 1701789805	395
22	No. 59 E-mail string re OxyContin Team	
23	Meeting - Minutes, Bates	
24	PDD1715176815	402

Highly Confidential - Subject to Further Confidentiality Review

EXHIBITS CONTINUED		
(Attached to transcript)		
	SACKLER-PURDUE DEPOSITION EXHIBITS	PAGE
1	No. 60 Phase IV OxyContin Tablets Team	
2	Meeting Minutes - June 13, 1997	409
3	No. 61 United States Patent No. 7,191,219	415
4	No. 62 E-mail re CEO Considerations v4a,	
5	Bates PDD9316300629 to 9316300635	421
6	No. 63 Package Insert for OxyContin	
7	(Oxycodone HCI Controlled-Release)	
8	Tablets, 10 mg, 20 mg, 40 mg, 80 mg,	
9	160 mg	436

Golkow Litigation Services Page 244

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1 Q So I'd like to --

2 A Oh, until -- until years after -- opi --

3 OxyContin, I became aware of, and -- yes, I was --

4 Q Okay. So I was asking about MS Contin.

5 A I don't remember.

6 Q Okay. So I want to show you what we're

7 marking as Exhibit 34.

8 (Sackler Exhibit No. 34 was marked

9 for identification.)

10 BY MS. SINGER:

11 Q And I will direct you -- this is an

12 e-mail from Mark Alfonso -- I'm sorry, to Mark

13 Alfonso from Robin Hogen dated June 19, 2000.

14 Are you familiar with Mark Alfonso? I

15 think we talked about him yesterday.

16 A Yes.

17 Q Okay. And Robin -- Robin Hogen?

18 A He was involved in public affairs,

19 public relations.

20 Q Okay. So I'm going to read this and ask

21 if it refreshes your recollection. Right in the

22 middle of the e-mail.

23 "Eventually these stories will appear in

24 every state and in many counties. When I was a

Golkow Litigation Services Page 246

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1 PROCEEDINGS

2 -----

3 THE VIDEOGRAPHER: We're now on the

4 record. My name is David Lane, videographer for

5 Golkow Litigation Services. Today's date is

6 March 8, 2019. Our time is 9:37 a.m.

7 This deposition is taking place in

8 Stamford, Connecticut, in the matter of National

9 Opiate Litigation MDL.

10 Our deponent today is Dr. Richard

11 Sackler.

12 Counsel will be noted on the

13 stenographic record. The court reporter today is

14 Leslie Todd.

15 Dr. Sackler, I just want to remind you

16 you're still under oath.

17 THE WITNESS: Okay, thank you.

18 THE VIDEOGRAPHER: We can begin.

19 RESUMED EXAMINATION

20 BY MS. SINGER:

21 Q All right. Dr. Sackler, yesterday you

22 testified that you weren't aware of any history of

23 abuse with MS Contin; is that correct?

24 A None that I remember.

Golkow Litigation Services Page 245

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1 manager in the Midwest, I had everything from

2 Altoona, Pennsylvania, to North Dakota, and from

3 Canada to Texas. I recall that I received this

4 type of news on MS Contin all the time and from

5 everywhere. Some pharmacies would not even stock

6 MS Contin for fear that they would be robbed. In

7 Wisconsin, Minnesota and Oklahoma, we had

8 physicians indicted for prescribing too much

9 OxyContin."

10 Do you see what I just read?

11 A I did.

12 Q And does that refresh your recollection

13 as to whether there was in fact abuse of

14 MS Contin?

15 MR. BERNICK: Objection. Lack of

16 foundation.

17 THE WITNESS: No, it does not refresh --

18 BY MS. SINGER:

19 Q Okay. Do you recall --

20 A -- my recollection.

21 Q -- whether in 1999 Howard Udell sent you

22 and other members of the Sackler family a memo,

23 "MS Contin Abuse"?

24 A No, I don't recall that.

Golkow Litigation Services Page 247

1 Q Do you recall articles from Vancouver  
 2 newspapers about the abuse and diversion of  
 3 MS Contin?  
 4 A No.  
 5 Q And I'm sorry, let's go back to  
 6 Exhibit 34 for a minute.  
 7 A Yes.  
 8 Q Okay. So Mark Alfonso responds to Robin  
 9 Hogen's -- I'm sorry, Robin Hogen responds to the  
 10 description of MS Contin abuse, and at the top of  
 11 the e-mail chain, he says: "I agree, and I think  
 12 we're getting ready to respond to these tough  
 13 questions through media training."  
 14 Do you see where I've read?  
 15 A No, I -- I don't see it.  
 16 Q The very top of the page.  
 17 A Oh, the top. I'm sorry, I -- my hearing  
 18 failed again.  
 19 Q "Getting ready to respond to these tough  
 20 questions through the media training that we've  
 21 been championing."  
 22 Do you see what I've read?  
 23 A I see.  
 24 Q And do you think that's the appropriate

1 is the newspaper article that was circulated to  
 2 various people in 2000 -- I think it was from May  
 3 2000, 2001. But it was a very comprehensive  
 4 article, and it was -- it got a lot of attention  
 5 from a lot of people.  
 6 BY MS. SINGER:  
 7 Q Okay. And you said that was 2000 or  
 8 2001, correct?  
 9 A It's -- yes. My recollection is not  
 10 absolutely clear. It's -- but I think it was  
 11 2000, but I could be wrong. Could have been 2001.  
 12 Q Okay. Let's turn to the next one,  
 13 please.  
 14 (Sackler Exhibit No. 35 was marked  
 15 for identification.)  
 16 BY MS. SINGER:  
 17 Q So Exhibit 35. Dr. Sackler, this is an  
 18 e-mail from you to Dr. Robert Kaiko and others  
 19 dated March 11, 1997. Correct?  
 20 A I'm looking for the date.  
 21 Q At the very top.  
 22 A Do you want me to attend to just the  
 23 top?  
 24 Q So right now I'm just asking if this is

1 response to stories of abuse of your products?  
 2 MR. BERNICK: Objection. Lack of  
 3 foundation.  
 4 THE WITNESS: I don't recall this. I  
 5 don't think I saw this e-mail. I certainly don't  
 6 recall it. I'm not on the e-mail. I think your  
 7 question was, is this an appropriate response  
 8 to -- I don't remember the word you used.  
 9 BY MS. SINGER:  
 10 Q To abuse of your products.  
 11 A It is -- it is part of an appropriate  
 12 response.  
 13 Q But not the full thing.  
 14 Never mind. Withdrawn. Let's move on.  
 15 So let's turn to -- sorry.  
 16 Putting aside what Purdue didn't do  
 17 before it launched OxyContin, which we talked  
 18 about yesterday, I want to talk about what you and  
 19 Purdue did once OxyContin was on the market.  
 20 When did you first learn that OxyContin  
 21 was being abused?  
 22 MR. BERNICK: Move to strike the  
 23 prefatory statement.  
 24 THE WITNESS: My earliest recollection

1 an e-mail from you to Dr. Robert Kaiko.  
 2 A It looks that way.  
 3 Q Okay. And if you look down -- this is a  
 4 subject we were discussing yesterday about the  
 5 question of -- as to whether to seek  
 6 non-controlled status for OxyContin in Germany.  
 7 Correct?  
 8 A I don't -- I would have to read more of  
 9 it.  
 10 Q Go ahead.  
 11 A Because it's not clear from what I wrote  
 12 what it was about. You're talking about the whole  
 13 string?  
 14 Q So why don't we look at page 3.  
 15 A Okay. Thank you.  
 16 Q Paragraph C at the top of the page: "If  
 17 OxyContin is uncontrolled in Germany, it is highly  
 18 likely that it will eventually be abused there and  
 19 then controlled."  
 20 So you can see one of the topics,  
 21 correct, is whether OxyContin should be controlled  
 22 in Germany?  
 23 A I do see it.  
 24 Q Okay. Turn to the previous page,



1 please, page 2. This is a segment of the e-mail  
 2 from Dr. Robert Kaiko --  
 3 A Sorry.  
 4 Q -- on April 27th, '97. Okay?  
 5 A I'm on the wrong page. Sorry.  
 6 Q You see in the middle of the page? If  
 7 you look at paragraph B. Do you see where I am?  
 8 A I don't -- are you at the bottom --  
 9 MR. BERNICK: Yes.  
 10 THE WITNESS: -- e-mail?  
 11 BY MS. SINGER:  
 12 Q Paragraph B.  
 13 A B. I heard C. I'm sorry.  
 14 Q That's okay.  
 15 Dr. Kaiko writes to you: "I don't  
 16 believe we have a sufficiently strong case to  
 17 argue that OxyContin has minimal/or no abuse  
 18 liability. In the U.S., oxycodone-containing  
 19 products were once less controlled than now.  
 20 Abuse resulted in greater controls."  
 21 He goes on: "Oxycodone-containing  
 22 products are still among the most abused opioids  
 23 in the U.S. This information is available to  
 24 BfArM." However you say that.

1 Do you see what I've just read?  
 2 A I -- I'll have to read it again, if I  
 3 may.  
 4 (Peruses document.) I do.  
 5 Q So, Dr. Sackler, is that what Dr. Kaiko  
 6 wrote to you in February of 1997?  
 7 A It appears to be.  
 8 Q And he goes on to write at the bottom of  
 9 the page: "Our dossier acknowledges a small  
 10 handful of patients," turning the page, "in our  
 11 research program who were suspect in terms of  
 12 their drug accountability. We do not have a  
 13 postmarketing abuse monitoring system and database  
 14 from which we could conclude that diversion/abuse  
 15 is not occurring."  
 16 Have I read that accurately?  
 17 A You -- you -- it looks like you read it  
 18 perfectly.  
 19 Q And if you go to the first page of this  
 20 e-mail -- I'm sorry, the second page of the  
 21 e-mail --  
 22 A Oh, second page. I'm sorry.  
 23 Q -- where you're talking. You write:  
 24 "This is the first time I have heard of this

1 idea."  
 2 Do you see where I am?  
 3 A Mm-hmm.  
 4 Q And would you agree that "this idea" is  
 5 the idea of seeking uncontrolled status for  
 6 OxyContin in Germany?  
 7 MR. BERNICK: Are you -- you got it?  
 8 It's right here.  
 9 THE WITNESS: I -- my recollection --  
 10 that's what I say, yes. Okay.  
 11 BY MS. SINGER:  
 12 Q And you ask: "What makes us believe  
 13 that we can accomplish -- accomplish it? Walter,  
 14 how substantially would it improve your sales?  
 15 Please give us a five-year projection with control  
 16 and without."  
 17 Is that what you wrote?  
 18 A I did.  
 19 Q And at the top of this chain, back to  
 20 the first page, Dr. Sackler, did you write: "When  
 21 we are next together, we should talk about how  
 22 this idea was raised and why it failed to be  
 23 realized. I thought it was a good idea if it  
 24 could be done."

1 Is that what you said?  
 2 A That's what I said, yes.  
 3 (Sackler Exhibit No. 36 was marked  
 4 for identification.)  
 5 BY MS. SINGER:  
 6 Q Okay. So I want to turn to Exhibit 36.  
 7 Exhibit 36 is a government publication.  
 8 Are you familiar with the National Drug  
 9 Intelligence Center?  
 10 A I don't recall the National Drug  
 11 Intelligence Center.  
 12 Q It is -- let me keep going. It is --  
 13 let's look at this bulletin. If you look towards  
 14 the middle of the page above the pull-out box, do  
 15 you see "However, 1998 DAWN ME data"?  
 16 A I see this.  
 17 Q Okay. Let me read it to you. "However,  
 18 1998 DAWN ME data" --  
 19 Do you know what DAWN data is?  
 20 A I believe that this is -- I don't really  
 21 know what it is, but I've heard the expression.  
 22 Q Does it sound right that it's the Drug  
 23 Abuse Warning Network?  
 24 A It could be. I don't have a

1 recollection of what --  
 2 Q And would you --  
 3 A -- the abbreviation stands for.  
 4 Q Okay. Would you agree that MA -- ME is  
 5 likely medical examiner?  
 6 Well, you know, frankly, it doesn't  
 7 matter. We'll skip that.  
 8 "DAWN ME data reported a 93 percent  
 9 increase in oxycodone mentions between 1997 and  
 10 1998, and the number of oxycodone-related DAWN ED  
 11 mentions increased 32.4 percent from 1997,"  
 12 parens, "4,857," to 1999 (6,429)."  
 13 Do you see what I've just read?  
 14 A I do.  
 15 Q And does that reflect the fact that in  
 16 '97 and '98, there was an increase in reports of  
 17 oxycodone drug abuse events?  
 18 MR. BERNICK: Objection. Lack of  
 19 foundation.  
 20 THE WITNESS: This is what is written on  
 21 this document.  
 22 BY MS. SINGER:  
 23 Q Okay. And let's turn the page to  
 24 page 2, please.

1 A I have no recollection of this document.  
 2 (Sackler Exhibit No. 37 was marked  
 3 for identification.)  
 4 BY MS. SINGER:  
 5 Q Let's go to Exhibit 37. Exhibit 37 is  
 6 an e-mail from Michael Friedman to RSS and PDG.  
 7 Do you see at the top of the page?  
 8 A I do.  
 9 Q And that e-mail is dated September 21st,  
 10 1999, correct?  
 11 A The top part of the thread, yes.  
 12 Q Okay. And if you look down the page,  
 13 you've been forwarded an e-mail by Mark Alfonso,  
 14 correct?  
 15 A Looking -- did you say I had been  
 16 forwarded an e-mail?  
 17 Q Yep. I'm sorry. Mark Alfonso sends it  
 18 to Michael Friedman, but we can skip to the bottom  
 19 of the page, and I want you to follow the message.  
 20 A Well, I -- I'm not -- I think you said  
 21 it was forwarded to me, but I don't see my name  
 22 here.  
 23 Q Okay. But you are a recipient at the  
 24 top of the e-mail chain.

1 If you look at the bottom of the second  
 2 paragraph, do you see "The alcohol and drug  
 3 treatment staff"?  
 4 A Which paragraph? The second.  
 5 Q The first paragraph on the second page.  
 6 A First. Okay. Thank you.  
 7 Q "The alcohol and drug treatment staff,"  
 8 do you see where I am?  
 9 A No, I'm not up to you -- oh, I found it  
 10 now. Thank you.  
 11 Q Okay. The drug and -- "The alcohol and  
 12 drug treatment staff at the Mountain Comprehensive  
 13 Care Center, Prestonsburg, Kentucky, reports  
 14 individuals who have never injected drugs are  
 15 using OxyContin intravenous -- intravenously, and  
 16 they have never seen a drug proliferate like  
 17 OxyContin has since May 2000. The staff at the  
 18 center has over 90 cumulative years experience  
 19 conducting drug evaluations."  
 20 Have I read that accurately?  
 21 A You read what I read, yes.  
 22 Q Okay. And were you --  
 23 A I should have just said yes. I'm sorry.  
 24 Q -- aware of these reports, Dr. Sackler?

1 A Ah. I see.  
 2 Q Okay. So let's look at the message that  
 3 was sent on to you.  
 4 "BIGDOG wrote in message ... Can I get  
 5 them to release by chewing or dissolving?  
 6 "Yes, chew them with your front teeth.  
 7 Don't get any in your molars because some may be  
 8 stuck there (waste not want not). Chew them as  
 9 thoroughly as you can. Even though chewed  
 10 thoroughly, some of the time release effect will  
 11 still be present. This is unavoidable as far as I  
 12 know. I'd be interested to find out how these are  
 13 made time release."  
 14 It goes on to say: "The best ones for  
 15 snorting are the 40-milligram ones cuz you're not  
 16 snorting lots of filler. 1/4 of a 40-milligram  
 17 oxy is equal to the oxy in two percs. If you eat  
 18 some (well chewed, wash down with a beer) and wait  
 19 20 minutes and the snort some, you'll feel the  
 20 rush."  
 21 Do you see what I just read?  
 22 A I -- yes, I do.  
 23 Q Okay. And that was in a message  
 24 forwarded to you in 1999, correct?



1 A It appears to be.  
 2 Q And I want to return, I'm sorry, back to  
 3 exhibit -- what was the last number?  
 4 A Pardon?  
 5 MS. VEIDMAN: 37.  
 6 BY MS. SINGER:  
 7 Q 37, the last one I showed you from the  
 8 National Drug Intelligence Center. So the last  
 9 exhibit. I'm sorry.  
 10 A Oh. Oh, the prior.  
 11 MR. BERNICK: It's 36.  
 12 MS. SINGER: 36. Thank you.  
 13 THE WITNESS: Okay. Okay.  
 14 BY MS. SINGER:  
 15 Q By the way, the title of this document  
 16 is "OxyContin Diversion and Abuse," is it not?  
 17 A Am I on the right article?  
 18 Q You are.  
 19 A Thank you.  
 20 MR. BERNICK: Right at the top.  
 21 THE WITNESS: Okay. It --  
 22 BY MS. SINGER:  
 23 Q Have I read the title?  
 24 A -- appears to be.

1 THE WITNESS: I'm sorry.  
 2 BY MS. SINGER:  
 3 Q "Unfortunately, many OxyContin  
 4 abusers" --  
 5 A Let me find it. You're a fast reader.  
 6 Good, "unfortunately."  
 7 Q -- "many OxyContin abusers whose health  
 8 insurance will no longer pay for prescriptions and  
 9 who cannot afford the high street-level prices are  
 10 attracted to heroin. For example, in West  
 11 Virginia, the availability of lower cost heroin is  
 12 attracting many OxyContin abusers who have never  
 13 used heroin."  
 14 Have I read that correctly?  
 15 A You -- you read what it says.  
 16 Q And were you aware in the late 1990s  
 17 that users of OxyContin were transitioning to  
 18 heroin?  
 19 A They weren't -- it doesn't imply that  
 20 they were patients. The implication is they were  
 21 abusers.  
 22 Q They were OxyContin abusers --  
 23 A Yes.  
 24 Q -- who had never used heroin --

1 Q And it's January 2001?  
 2 A Yes.  
 3 Q And I skipped over one paragraph I just  
 4 wanted to ask you about. Right above the box with  
 5 the strengths and licit and illicit prices, do you  
 6 see the line that starts "Unfortunately"?  
 7 "Unfortunately" --  
 8 A I'm a slow reader, and I don't yet see  
 9 it. Would you give me --  
 10 Q Okay.  
 11 A The word "Unfortunately" is in the first  
 12 paragraph, correct.  
 13 Q The last -- the first paragraph above  
 14 the table.  
 15 A Oh. Okay. Got it.  
 16 MR. BERNICK: Wait, wait, wait.  
 17 THE WITNESS: I don't see it.  
 18 MR. BERNICK: The first paragraph above  
 19 the table. There's a table on the second page.  
 20 MS. SINGER: That's what --  
 21 THE WITNESS: Ah, I'm on the wrong page.  
 22 MS. SINGER: Sorry.  
 23 MR. BERNICK: You were looking at the  
 24 first page.

1 A Yes.  
 2 Q -- and were using heroin.  
 3 A I wasn't aware of that.  
 4 Q Okay. Were you aware, Dr. Sackler, that  
 5 sales representatives for Purdue Pharma used the  
 6 words, quote, "street value," "crush" or "snort"  
 7 more than a hundred times in call notes from 1997  
 8 to 1999?  
 9 MR. BERNICK: Objection. Lack of  
 10 foundation. Assumes facts.  
 11 THE WITNESS: I'm trying my best. Ask  
 12 the question once more, please.  
 13 BY MS. SINGER:  
 14 Q Were you aware that Purdue sales  
 15 representatives used the word "street value,"  
 16 "crush" or "snort" more than a hundred times in  
 17 call notes from 1997 to 1999?  
 18 MR. BERNICK: Same objections.  
 19 THE WITNESS: I wasn't -- I don't  
 20 recall, but I don't think -- I don't think I was  
 21 aware of it. No, I'm quite sure I wasn't.  
 22 BY MS. SINGER:  
 23 Q Were you reviewing call notes during  
 24 this period for evidence of abuse, addiction or

1 diversion of OxyContin?

2 A Who's the "you"?

3 Q You.

4 A No, not me.

5 Q You, who were reviewing sales forecasts

6 in such detail, weren't looking for evidence that

7 your product was being abused or diverted?

8 MR. BERNICK: Move -- move to strike the

9 prefatory statement.

10 BY MS. SINGER:

11 Q Is that correct?

12 A That is correct, I did not read call

13 notes.

14 Q Okay. Let's turn to -- do you recall

15 that a U.S. Attorney in Maine, Jay McCloskey, sent

16 a letter to doctors in February 2000 about

17 OxyContin abuse in Maine?

18 A I -- I'm aware of it now. I'm not --

19 yes, I think the board was told that he had.

20 Q Okay.

21 MR. SHKOLNIK: Before you ask the next

22 question, I'm not sure if the transcript is

23 showing up right, but there's not breaks between

24 questions and answers, and some of them are

1 healthcare community in combatting an increasingly

2 serious problem in Maine. I am referring to the

3 abuse and misuse of oxycodone, frequently

4 prescribed for valid medical reasons and dispensed

5 under the brand name of OxyContin. There is a

6 significant abuse of a variety of drugs, but it

7 appears that oxycodone, and in particular

8 OxyContin, has become the pharmaceutical drug of

9 choice on the streets."

10 Have I read that correctly?

11 A You read what he wrote.

12 Q And were you aware of the U.S.

13 Attorney's concern back in February 2000?

14 A I don't remember the -- the month and

15 day, but this was brought to my attention by the

16 law department.

17 Q At Purdue.

18 A At Purdue.

19 Q And do you see the note, the handwritten

20 note on the top of this letter?

21 A Yes.

22 Q It reads: "Mark, need a strategy to

23 contain this. Robin."

24 Have you seen that before?

1 blending. I don't know if that's something you

2 can fix later.

3 THE WITNESS: Are you speaking with me,

4 sir?

5 MR. BERNICK: No, no.

6 (A discussion was held off the record.)

7 (Sackler Exhibit No. 38 was marked

8 for identification.)

9 BY MS. SINGER:

10 Q So I'm going to show you Exhibit 38.

11 A Okay.

12 Q Exhibit 38 is a letter from the U.S.

13 Department of Justice, United States Attorney,

14 District of Maine, dated February 18, 2000.

15 Correct?

16 A February 18th, yes.

17 Q And have you seen this letter before?

18 A I do not recall seeing this.

19 Q If you turn the page, it's signed by Jay

20 McCloskey, United States Attorney, is it not?

21 A It is.

22 Q Okay. And on the first page, let me

23 know if I'm reading this correctly, please.

24 "I'm seeking the assistance of the

1 A No, I don't recall seeing that.

2 Q Does it surprise you that the response

3 to this letter was a strategy to contain this?

4 MR. BERNICK: Objection. Lack of

5 foundation. Also to form.

6 THE WITNESS: I read it differently.

7 It's ambiguous. I read it that "this" refers to

8 abuse and diversion.

9 BY MS. SINGER:

10 Q Okay. What do you think -- at this

11 point, shouldn't Purdue have taken aggressive

12 action to address the problem of OxyContin abuse

13 and misuse in Maine?

14 MR. BERNICK: Objection to form. "At

15 this point," time.

16 BY MS. SINGER:

17 Q At the time you received this letter

18 from the United States Attorney of Maine,

19 shouldn't Purdue have taken aggressive action to

20 address the serious problem of OxyContin abuse in

21 Maine?

22 MR. BERNICK: Objection. Lack of

23 foundation and assumes facts.

24 THE WITNESS: I don't remember whether

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1 this preceded or followed the art- -- the  
2 newspaper article. And so I can't exactly locate  
3 it in time. But very soon a task force was  
4 formed -- was suggested and formed, and it began a  
5 process that continues to this day of dozens of  
6 interventions to try and ultimately successfully  
7 to curb the abuse of OxyContin.  
8 BY MS. SINGER:  
9 Q Okay. We're going to come back to this.  
10 We're having another document issue.  
11 A Okay.  
12 Q So let's move on.  
13 MR. BERNICK: I think she's doing a  
14 great job.  
15 MS. SINGER: She is.  
16 Let's go to 70317.  
17 (Counsel conferring.)  
18 (Sackler Exhibit No. 41 was marked  
19 for identification.)  
20 BY MS. SINGER:  
21 Q All right. Exhibit 41.  
22 Are you aware that by -- certainly by  
23 early 2000, OxyContin abuse was happening around  
24 the country?

1 A I don't --  
2 MR. BERNICK: Objection.  
3 Go ahead.  
4 THE WITNESS: I'm sorry.  
5 MR. BERNICK: I said objection. Lack of  
6 foundation.  
7 THE WITNESS: I don't recall when it had  
8 spread around the country. So I can't locate that  
9 time. I don't remember.  
10 BY MS. SINGER:  
11 Q Okay. Well, let's see if this e-mail  
12 refreshes your recollection. It's an e-mail to  
13 you, correct, Dr. Sackler? At the very top of the  
14 page.  
15 A Oh, yes.  
16 Q An e-mail to you dated May 10th, 2000,  
17 correct?  
18 A Yes.  
19 Q From Michael Friedman, correct?  
20 A Yes.  
21 Q And its subject line is "Another hit out  
22 of Cincinnati on OxyContin thief."  
23 A I'm looking for the subject line.  
24 Q It's the subject right at the top.

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1 A I'm sorry. Oh, it's not -- it's at the  
2 bottom of the top block. Okay.  
3 Q That's right.  
4 A "Another hit out of Cincinnati" --  
5 Q So let's go to the bottom of the page.  
6 I'm going to read aloud.  
7 A Yes.  
8 Q Please follow with me and tell me if I'm  
9 reading this correctly.  
10 A From --  
11 Q "It seems that most of the negative news  
12 regarding OxyContin tablets are out of -- out this  
13 region of the country."  
14 MR. BERNICK: Hang on. I'm sorry. I'm  
15 just trying to get the witness on the same page as  
16 you, because he's flipping it around.  
17 She is just reading down from this here.  
18 THE WITNESS: Okay. Thank you.  
19 BY MS. SINGER:  
20 Q I'll start again. "It seems that most  
21 of all the negative news regarding OxyContin  
22 tablets are out this region of the country. We  
23 had the story out of Maine and the one from  
24 Florida, but they are isolated. The Ohio

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1 situation is almost every month. Another hit out  
2 of Cincinnati on OxyContin thief. Yesterday he  
3 robbed a Walgreens in Mount Carmel in Ohio. The  
4 article mentions OxyContin by name."  
5 Have I read that accurately?  
6 A Yes.  
7 Q And, Dr. Sackler, back to the top of the  
8 first page, you responded to this. And you said:  
9 "I hate this. This will feed on itself. Doesn't  
10 this guy rob Dilaudid and other opioids?"  
11 A I see that.  
12 Q That was your response to this report of  
13 abuse and diversion?  
14 A I don't remember my response as distinct  
15 from the company's response. So the answer to  
16 what the company did was probably, but I don't  
17 recall the date to launch many programs, both to  
18 investigate, but more important to come up with  
19 programs that were unprecedented to try to stop  
20 OxyContin abuse. I hate the abuse, even though it  
21 was recognized by the FDA to be a risk and called  
22 out in the package insert.  
23 Q So, Dr. Sackler, you talked about  
24 Purdue's response and your response to the problem

1 of abuse.

2 So let's turn back to the document I was

3 looking for before.

4 A Oh.

5 (Sackler Exhibit No. 42 was marked

6 for identification.)

7 BY MS. SINGER:

8 Q Exhibit 42. This is a PowerPoint called

9 "Protecting Patients' Rights to Proper Pain

10 Management - New England Initiative. Strategic

11 and Tactical Plan for Supporting OxyContin in

12 Maine."

13 A I'm reading along with you.

14 Q Okay. And it's by Robin Hogen, who we

15 talked about earlier, correct?

16 A Yes, it is.

17 Q And it's dated 8/25/2000, correct? Very

18 small type.

19 A Mm-hmm. Sorry. I'm looking for the

20 date. On this page?

21 Q Mm-hmm. It's okay, don't worry about

22 the date.

23 A Oh, yes, it was.

24 Q It's microscopic.

1 A I see it. I can't read it, but I see

2 it.

3 Q So here it describes the goals and

4 objectives, which are not to prevent diversion and

5 crime and death, but to sustain and increase

6 OxyContin prescriptions. Correct?

7 MR. BERNICK: Objection. Move to strike

8 the prefatory statement.

9 THE WITNESS: I'd have to read through

10 the whole document. Is --

11 BY MS. SINGER:

12 Q Excuse me?

13 A I'd like to scan through the whole

14 document.

15 Q Well, we can read through it together.

16 A Oh, okay.

17 Q We will read the whole thing.

18 A Okay. The whole document?

19 Q We are.

20 A Okay.

21 Q So have I read the first bullet

22 correctly?

23 "Sustain and increase OxyContin

24 'prescriptions" --

1 A Yes.

2 Q -- "is the goal and objective" --

3 A Yes.

4 Q -- "of Purdue's plan."

5 A Okay. I --

6 Q "Increase proactive treatment of pain."

7 Correct?

8 A The goal and objective, as stated in

9 this document, I believe was already at a time

10 when the company was implementing plans to deal

11 with abuse and -- and addiction, misuse,

12 diversion, and so forth.

13 Q Okay. Well, let's see what the document

14 says.

15 A But this document doesn't necessarily

16 say everything that's being done.

17 Q No document ever does.

18 A Right.

19 Q Second bullet: "Position OxyContin

20 as" --

21 MR. BERNICK: And I would also move to

22 strike the statement of counsel.

23 BY MS. SINGER:

24 Q "Position OxyContin as safe and

1 effective therapy." Is that the second bullet?

2 A Yes.

3 Q "Diffuse concerns about

4 OxyContin/opioids stemming from high profile news

5 coverage and abuse." Correct?

6 A That's what it says.

7 Q It goes on, "Today's situation." I'm on

8 page 2. "Increased media exposure of diversion

9 and abuse of OxyContin in Maine. Numerous

10 physician inquiries about Purdue's plans to

11 address abuse issues. Evidence of patient concern

12 and reticence to use drug."

13 Have I read that accurately?

14 A You -- I agree you've read it

15 accurately.

16 Q And that was a situation to which Purdue

17 was responding, correct?

18 A This was a piece of the response.

19 Q I didn't ask about the response, but the

20 assessment of the situation, correct?

21 A I'm sorry?

22 Q This was the situation to which Purdue

23 was responding.

24 MR. BERNICK: Objection. Lack of

1 foundation.  
 2 THE WITNESS: The -- as I read it, it --  
 3 this was not a complete survey of all that was  
 4 being done. It was a particular subpart of a  
 5 program.  
 6 BY MS. SINGER:  
 7 Q Okay.  
 8 A I don't -- I mean, it's clear it's  
 9 incomplete. Okay. To me it's clear.  
 10 Q It -- it is interesting, Dr. Sackler,  
 11 what you remember clearly and what you don't, but  
 12 let's focus on what's on this paper.  
 13 MR. BERNICK: Your Honor, I move to  
 14 strike. There's now a pattern of making these  
 15 statements by counsel that are not questions. I  
 16 move to strike them to preserve the record, but I  
 17 really think that it takes up time  
 18 unnecessarily --  
 19 MS. SINGER: So --  
 20 MR. BERNICK: -- and it's confusing to  
 21 the witness, and I would like the counsel to be  
 22 instructed to avoid prefatory statements that are  
 23 not the question itself.  
 24 MS. SINGER: So do unresponsive answers,

1 but I'll move on.  
 2 MR. BERNICK: Well, then, you can move  
 3 to strike the answer as nonresponsive.  
 4 BY MS. SINGER:  
 5 Q Then it goes on, slide 4, "How did we  
 6 get here?" Are you with me?  
 7 A I am.  
 8 Q "U.S. Attorney sent letter to healthcare  
 9 providers in Maine warning of OxyContin abuse,  
 10 February 18th." Correct?  
 11 A That's what it says.  
 12 Q "U.S. Attorney and local law enforcement  
 13 have publicized increase in abuse of OxyContin.  
 14 News reports contain inflammatory and unbalanced  
 15 language, April 2000 to present."  
 16 A That's what it says.  
 17 Q And then it goes on to show a headline  
 18 from the Bangor Daily News on the next page.  
 19 A Yes.  
 20 Q "Most stories have a minimum of balance  
 21 but contain inflammatory statements: Highly  
 22 addictive, heroin-like, dangerous drugs."  
 23 Is that what it says?  
 24 A It does.

1 Q Are any of those adjectives untrue?  
 2 MR. BERNICK: Objection. Lack of  
 3 found -- lack of foundation. And form.  
 4 BY MS. SINGER:  
 5 Q Are they true as they apply to  
 6 OxyContin?  
 7 A I don't recall the adjective "highly" in  
 8 the package insert.  
 9 I don't recall the FDA saying before  
 10 this time, and I don't recall it after this time  
 11 either, "heroin-like."  
 12 And the final thing is "dangerous drug,"  
 13 I don't recall that in the package insert either.  
 14 Q So, Dr. Sackler, I'm asking you --  
 15 MR. BERNICK: I'm sorry. Are you done?  
 16 Dr. Sackler? It's --  
 17 THE WITNESS: We -- so to the extent  
 18 that this statement -- two parts -- goes ahead of  
 19 or makes implications for readers that are not in  
 20 the package insert, it is not true -- necessarily  
 21 true. The truth of the drug is in the package  
 22 insert, which is decided by the FDA.  
 23 BY MS. SINGER:  
 24 Q So appreciating that response, I'm

1 asking you, Dr. Sackler, as an owner --  
 2 A Yes.  
 3 Q -- and executive of Purdue Pharma, not  
 4 whether you market the drugs this way, but whether  
 5 it is true or false that OxyContin is highly  
 6 addictive?  
 7 MR. BERNICK: Objection to form.  
 8 THE WITNESS: In isolation, it is not a  
 9 statement that informs fairly, because there's no  
 10 comparison. Lots of drugs are highly addictive.  
 11 BY MS. SINGER:  
 12 Q And is --  
 13 A So, unless you compare it to some other  
 14 drugs, I can't really subscribe to the words in  
 15 this newspaper article, as I've explained.  
 16 Q Is OxyContin like heroin in its chemical  
 17 composition?  
 18 MR. BERNICK: Objection. Lack of --  
 19 BY MS. SINGER:  
 20 Q And its impact?  
 21 MR. BERNICK: Objection to form and  
 22 foundation.  
 23 THE WITNESS: I was trying to -- I was  
 24 trained as a chemist, and I wouldn't call it



1 "like." The package insert does say that it is a  
 2 new agonist, and that for doctors would tell them  
 3 a lot of information.  
 4 BY MS. SINGER:  
 5 Q Mm-hmm. So as a chemist, is OxyContin  
 6 similar in chemical composition to heroin?  
 7 MR. BERNICK: Objection. Now it's  
 8 asking for expert testimony.  
 9 Your Honor, I think this goes beyond the  
 10 scope. This is a fact deposition.  
 11 SPECIAL MASTER COHEN: He can answer if  
 12 he knows.  
 13 THE WITNESS: It's relative in -- no,  
 14 I -- I don't think it's heroin-like. Its  
 15 pharmacokinetics are different. The active  
 16 ingredient is very different.  
 17 BY MS. SINGER:  
 18 Q And is it a danger- -- is OxyContin a  
 19 dangerous drug?  
 20 A I wouldn't -- again, that's a relative  
 21 question. When it's used for pain patients, I  
 22 believe that -- appropriately used by a doctor,  
 23 who follows the directions, I believe the opioids  
 24 on the market would not be properly characterized

1 BY MS. SINGER:  
 2 Q Right. No, and I'm not asking about the  
 3 article or Purdue's PowerPoint on it. I'm asking  
 4 you whether you are prepared to say or not that  
 5 OxyContin is a dangerous drug.  
 6 MR. BERNICK: Objection. Asked and  
 7 answered specifically.  
 8 Your Honor, I'd like a ruling on that if  
 9 you could.  
 10 SPECIAL MASTER COHEN: I think it was  
 11 elliptical. You can answer.  
 12 THE WITNESS: I don't even know what  
 13 that means. Could you explain it to me?  
 14 SPECIAL MASTER COHEN: It means you  
 15 should answer the question.  
 16 MR. BERNICK: Do you remember the  
 17 question?  
 18 THE WITNESS: Well, I think I do: Is it  
 19 a dangerous drug in my opinion?  
 20 Many drugs, including OxyContin, have  
 21 potential for causing harm. What the FDA does is  
 22 it approves some, doesn't approve others, where it  
 23 believes that it has been shown or the FDA knows  
 24 that the therapeutic benefits in the country, when

1 as dangerous drugs.  
 2 It's -- there's much more information  
 3 that you need to say it is or it isn't. There's a  
 4 context also. And the context in this case is, is  
 5 it more dangerous, less dangerous, so on and so  
 6 forth. And I don't know -- I -- I don't remember  
 7 this article.  
 8 Q Okay. And --  
 9 A All right.  
 10 Q -- you're not comfortable --  
 11 MR. BERNICK: I'm sorry. You -- I  
 12 believe you -- you interrupted the witness.  
 13 BY MS. SINGER:  
 14 Q I'm sorry, Dr. Sackler, were you not  
 15 finished?  
 16 THE WITNESS: Can you just read back to  
 17 me where I stopped?  
 18 (Whereupon, the requested record  
 19 was read.)  
 20 THE WITNESS: And so I cannot testify  
 21 that it didn't have a lot more information than is  
 22 in this little box. But it depends if it  
 23 explained how -- what the article says. I don't  
 24 remember it, and it's not shown here.

1 properly used according to the package insert, is  
 2 acceptable given whatever risks are called out in  
 3 the -- in the package insert. And I would submit  
 4 that I don't believe that it's a dangerous drug  
 5 for patients.  
 6 BY MS. SINGER:  
 7 Q Okay. Let's move on to the next slide,  
 8 "Strategies for Fair Balance." Same page.  
 9 First bullet: "Assess extent of the  
 10 diversion and abuse problem and impact on  
 11 prescribing/dispensing/use." Correct?  
 12 A That's what it says. I was just trying  
 13 to absorb it when I read it. Sorry. You didn't  
 14 ask me to understand it. You just asked --  
 15 Q I did not.  
 16 A No. So -- okay.  
 17 Q All right. Let's turn to page 6, which  
 18 is Bates number 578.  
 19 A Yes.  
 20 Q So you can see the slide, "Preparation:  
 21 Materials Development." It's the second slide.  
 22 A Oh, you want me to look at the second  
 23 slide?  
 24 Q Yes, please.



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1 A I understand. Yes.  
 2 Q "Develop materials to support outreach  
 3 efforts."  
 4 Do you see where I'm reading?  
 5 A Yes.  
 6 Q And it goes on down the page: "Key  
 7 messages: To provide fair balance on issues.  
 8 Truth About Pain Management press kit."  
 9 Do you see where I am?  
 10 A I do.  
 11 Q Do you -- are you familiar with the  
 12 Truth About Management press kit?  
 13 A I don't recall.  
 14 Q Are you aware whether Purdue  
 15 disseminated a publication called "The Truth About  
 16 Pain Management"?  
 17 A No, I don't remember that.  
 18 Q Okay. Let's see if it refreshes your  
 19 recollection.  
 20 A Are we finished with this?  
 21 Q I think so. I think so.  
 22 A I'm turning them over so you don't have  
 23 to do what you did yesterday.  
 24 MR. BERNICK: Okay.

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1 A I can't -- Purdue Pharma, but there may  
 2 have been other entities involved. I do not  
 3 remember.  
 4 Q Okay. Let's turn to Bates number 321,  
 5 please.  
 6 MR. BERNICK: Linda, in a few minutes,  
 7 could we take his break?  
 8 THE WITNESS: Yeah. I --  
 9 BY MS. SINGER:  
 10 Q It's the page that begins "Aren't Pain  
 11 Medications Addictive?"  
 12 A Okay, I'm not on your page. I'm sorry.  
 13 I forgot where I should look.  
 14 MR. BERNICK: 321.  
 15 THE WITNESS: Oh.  
 16 MR. BERNICK: At the top. You got it  
 17 right to begin with.  
 18 BY MS. SINGER:  
 19 Q Do you see where I am, the very top of  
 20 that page, "Aren't Pain Medications Addictive?"  
 21 A I do.  
 22 Q And if you can read along with me.  
 23 "Drug addiction means using a drug to get high  
 24 rather than to relieve pain. You are taking the

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1 MS. SINGER: 40.  
 2 (Sackler Exhibit No. 40 was marked  
 3 for identification.)  
 4 BY MS. SINGER:  
 5 Q Do you see this document titled "The  
 6 Truth About Pain Management. Untreated Pain is  
 7 America's Silent Epidemic"?  
 8 A Yes.  
 9 Q And if you turn the page to the second  
 10 page, do you see the logo for Partners Against  
 11 Pain?  
 12 A On the left-side bottom, yes.  
 13 Q And are you familiar with Partners  
 14 Against Pain?  
 15 A I -- I was aware that we had a program  
 16 called Partners Against Pain, yes. So -- but was  
 17 I familiar with it? Did I make -- did I see it  
 18 and tell people you should add anything or change  
 19 any text, I have no recollection of that. So  
 20 "familiar" is a relative term. I was aware that  
 21 there was a program with this entitled "Partners  
 22 Against Pain."  
 23 Q And it was a program of Purdue Pharma,  
 24 correct?

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1 pain medication for medical purpose. The medical  
 2 purpose is clear, and the effects are beneficial,  
 3 not harmful. True addiction rarely occurs when  
 4 opioids are used properly under medical  
 5 supervision to relieve pain."  
 6 Have I read that accurately?  
 7 A You did.  
 8 Q And that was what -- one of the pieces  
 9 that Purdue distributed in Maine, correct?  
 10 A I don't remember.  
 11 Q Okay.  
 12 MS. SINGER: All right. We can go ahead  
 13 and take a break.  
 14 MR. BERNICK: Thank you.  
 15 THE VIDEOGRAPHER: Going off the record  
 16 at 10:26 a.m.  
 17 (Recess.)  
 18 THE VIDEOGRAPHER: Back on the record at  
 19 10:42 a.m.  
 20 BY MS. SINGER:  
 21 Q So, Dr. Sackler, do you remember in 2001  
 22 receiving an e-mail from a sales representative in  
 23 Gadsden, Alabama, about abuse of OxyContin there?  
 24 A I don't recall.

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1 (Sackler Exhibit No. 43 was marked  
2 for identification.)  
3 BY MS. SINGER:  
4 Q I'm showing you Exhibit 43.  
5 So this is an e-mail at the top of the  
6 chain from Russell Gasdia to a number of Purdue  
7 employees dated February 1st, 2001.  
8 If you look down towards the bottom of  
9 the page, Dr. Sackler, do you see your e-mail  
10 address in the "to" line, hru; pdg; rss?  
11 A I do.  
12 Q Okay. And if you look at the third page  
13 of this document.  
14 A Oh, third -- you don't want me to read  
15 this?  
16 Q No.  
17 A Okay. So --  
18 Q So here the sales rep is describing, if  
19 you look at the first full paragraph on page 3, an  
20 awareness meeting at Gadsden High School.  
21 A Okay.  
22 Q See in the first sentence?  
23 A I'm sorry. What's -- at the bottom?  
24 Q The top, the first full paragraph.

1 A Oh, the first one, James Lang?  
2 Q No, on the third page. Next page.  
3 A Oh, I'm sorry.  
4 MR. BERNICK: Third page. Third full,  
5 "Such an awareness." Right?  
6 THE WITNESS: I'm sorry. I want to read  
7 it.  
8 MR. BERNICK: "Such an awareness,"  
9 Linda?  
10 MS. SINGER: Yes.  
11 MR. BERNICK: Yeah.  
12 THE WITNESS: Okay.  
13 BY MS. SINGER:  
14 Q So an awareness meeting was held on  
15 January 22nd at Gadsden High School. Do you see  
16 that?  
17 A I see that.  
18 Q And if you go to the middle of the  
19 paragraph: "Statements were made that OxyContin  
20 sales were at the expense of dead children, and  
21 the only difference between heroin and OxyContin  
22 is that you can get OxyContin from a doctor."  
23 Have I read that correctly?  
24 A I'm trying to find it. I'm -- I'm a

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1 little slow.  
2 MR. BERNICK: She's got it on the screen  
3 there --  
4 THE WITNESS: Oh, good.  
5 MR. BERNICK: -- if that helps you out.  
6 THE WITNESS: Thank you. That does help  
7 out.  
8 MR. BERNICK: Okay. There you go, right  
9 here (indicating). Or you can actually --  
10 THE WITNESS: I can see it, yeah.  
11 MR. BERNICK: -- read it on the screen.  
12 THE WITNESS: This is clear enough. I  
13 can read it. "Statements were made that  
14 OxyContin" -- okay.  
15 BY MS. SINGER:  
16 Q I've read that accurately?  
17 MR. BERNICK: Well --  
18 THE WITNESS: You read it accurately. I  
19 read it the same. Yes.  
20 BY MS. SINGER:  
21 Q And then turning to the first page,  
22 Russell Gasdia, who was your head of sales; is  
23 that correct?  
24 A I don't remember what his title was at

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1 that time.  
2 Q But he --  
3 A But he -- he was in the -- in the sales  
4 department and --  
5 Q So he forwards this on to regional  
6 managers: "Effective immediately: Please  
7 instruct your managers and representatives to send  
8 all correspondence regarding hotspots through  
9 sales management, not to Dr. Haddox, Robin Hogen  
10 or Jim Heins." Correct?  
11 MR. BERNICK: That -- well, for the  
12 sake --  
13 THE WITNESS: Yeah, let me just read it.  
14 MR. BERNICK: For the sake  
15 of completeness.  
16 THE WITNESS: I'm -- I'm getting to it.  
17 Please, sir.  
18 MS. SINGER: So if you want to redirect  
19 on any of this stuff, please go ahead.  
20 MR. BERNICK: Well, but you're -- the  
21 rule of completeness generally means that if you  
22 have a piece of a document and it omits a  
23 significant sentence --  
24 MS. SINGER: So I really don't need you

1 to instruct me on the law.

2 MR. BERNICK: Well, then, I have an

3 objection --

4 MS. SINGER: Let the examination

5 proceed.

6 MR. BERNICK: -- to the form of the

7 question.

8 THE WITNESS: Okay.

9 BY MS. SINGER:

10 Q Have I read that accurately,

11 Dr. Sackler?

12 A You read that -- that one sentence

13 accurately.

14 Q So Purdue's response to an e-mail about

15 children who are dying from overdoses in Gadsden,

16 Alabama, was to send correspondence to sales

17 management, not to the scientific or government

18 affairs personnel.

19 MR. BERNICK: Objection to form.

20 THE WITNESS: Let me check the date. By

21 this time, by February 1, 2001, my recollection is

22 that there were several, if not many, and perhaps

23 many, programs that were either in planning, that

24 is exactly how are we going to do this program,

1 but more commonly in operation to curb the misuse

2 of not only OxyContin but other drug --

3 prescription drugs.

4 BY MS. SINGER:

5 Q Through your sales department?

6 MR. BERNICK: Objection to the form of

7 the question.

8 THE WITNESS: I -- I don't -- through

9 the sales department? I -- I don't have a clear

10 recollection.

11 BY MS. SINGER:

12 Q Okay.

13 A But --

14 Q In May 2001, the issue of OxyContin

15 abuse came up at a May Congressional hearing at

16 which the DEA, Drug Enforcement Administration

17 Administrator Donnie Marshall testified.

18 Do you recall that hearing?

19 A No.

20 (Sackler Exhibit No. 44 was marked

21 for identification.)

22 BY MS. SINGER:

23 Q I'm showing you Exhibit 44.

24 A Thank you.

1 Q So if you look at this document,

2 copyrighted May 17th, 2001, Section Capitol Hill

3 Hearing. Do you see that at the top?

4 A It --

5 Q And, Dr. Sackler, if you follow on the

6 screen --

7 A No, no.

8 Q -- it may be easier for you.

9 A Well, I was going to say I think the

10 copyright is 2001, but the date is also --

11 Q Fair enough.

12 MR. BERNICK: I -- I object to the

13 instruction to follow on the screen.

14 MS. SINGER: However the witness wants

15 to do it.

16 MR. BERNICK: You're just picking out

17 things to highlight, and it suggests that that's

18 all he should read.

19 MS. SINGER: So, Mr. Bernick, I'm asking

20 you again to stop the speaking objections. It's

21 improper.

22 MR. BERNICK: I object. I think what

23 you're doing is improper.

24 BY MS. SINGER:

1 Q Dr. Sackler?

2 A Yes.

3 Q The witness here is Donnie Marshall,

4 Administrator of the Drug Enforcement

5 Administration; is that correct?

6 A Okay. I haven't gotten to Donnie

7 Marshall's name.

8 Q Under "Witness."

9 A Witness. Oh, I see that, in the

10 heading. Okay. I was reading body copy.

11 Administrator, Drug -- yes, that's what

12 it says.

13 Q All right. Let's turn to the third

14 page, please.

15 A I'm on -- this --

16 Q It starts with "Number one."

17 A I'm sorry?

18 Q It starts with "Number one."

19 A The first -- oh, you mean the beginning

20 of the thread?

21 Q No, no, no. I'm sorry. Page 3, which

22 says at the top "Number one."

23 A Yes. Thank you.

24 Q Okay. Please follow along as I read.

1 "Number one, we're asking the company  
 2 do -- we're asking the company to do a more  
 3 balanced approach in their marketing of this drug.  
 4 We're asking them to educate doctors and patients  
 5 about the dangers of this drug. We're asking them  
 6 not to advertise in such a way that gives a  
 7 physician, for instance, that's not well trained  
 8 in pain management, that gives that physician the  
 9 impression that this might be the painkiller of  
 10 first resort, rather than the painkiller of last  
 11 resort."  
 12 Have I read that correctly?  
 13 A You read --  
 14 Q And this is --  
 15 A -- correctly. Yes.  
 16 Q Sorry.  
 17 A You did.  
 18 Q And just to put it in context, if we can  
 19 go back to page 2.  
 20 A Yes.  
 21 Q "We began to see this problem, I  
 22 think" -- under the first full paragraph.  
 23 A I see it.  
 24 Q -- "as a result of some developments

1 BY MS. SINGER:  
 2 Q Reading from the document at page 3.  
 3 A Which paragraph?  
 4 Q Second paragraph.  
 5 A Okay.  
 6 Q "We're asking them and others perhaps to  
 7 come up with what we refer to as restricted  
 8 distribution. In other words, recommend that  
 9 doctors only prescribe and pharmacists only  
 10 distribute this for certain types of pain so that  
 11 the kidney stone patient may get a different  
 12 version of it, but the terminal cancer patient may  
 13 well get the 160 milligram oxycodol."  
 14 A Oxycodol.  
 15 Q I know.  
 16 A Okay.  
 17 Q And he goes on -- have I read this  
 18 accurately so far?  
 19 A You've read it accurately. And you  
 20 pointed out that oxycodol is a mistake in the  
 21 transcript or what he -- or he made a mistake.  
 22 Q "We're asking that we consider  
 23 accreditation of doctors in pain management that  
 24 may prescribe this. We're asking the industry to

1 that began about four or five years ago, and what  
 2 we saw about four or five years ago, in 1996,  
 3 thereabouts, was the AMA and a number of pain  
 4 management groups that made the case and contended  
 5 that we were undertreating pain in this country or  
 6 that we were not effectively treating pain in this  
 7 country. It was about that same time -- same time  
 8 that the manufacturer of OxyContin introduced  
 9 their product, and it's a time-released product  
 10 that comes in," and he goes on to describe the  
 11 doses.  
 12 A Right.  
 13 Q Okay. So let's return to Administrator  
 14 Marshall's testimony on page 3.  
 15 MR. BERNICK: I move to strike that  
 16 whole statement, which was a statement of counsel.  
 17 THE WITNESS: I'm sorry.  
 18 BY MS. SINGER:  
 19 Q Page 3.  
 20 MR. BERNICK: And, Your Honor, it was  
 21 purely a statement of counsel.  
 22 SPECIAL MASTER COHEN: All of that goes  
 23 to admissibility, which will be decided at a later  
 24 time.

1 look at the reformulation of this to take measures  
 2 that makes it more difficult to crush this up and  
 3 get all of the dosage at once. Frankly, the  
 4 manufacturer of this, they have met us on some of  
 5 these issues. On others, they have not met us."  
 6 Still accurate?  
 7 MR. BERNICK: Object to form --  
 8 THE WITNESS: You're reading accurately.  
 9 BY MS. SINGER:  
 10 Q Thank you.  
 11 "And I have to tell you, sir, that we  
 12 need more cooperation from that company. If we  
 13 can't find some more middle ground in this area, I  
 14 am seriously considering rolling back the quotas  
 15 that DEA sets, and rolling these -- rolling back  
 16 these quotas to the 1996 level until we do find  
 17 ways to control this. That's a drastic step, and  
 18 it would be a very controversial step, because  
 19 there is a need -- there is the need for this  
 20 drug out there, but I am seriously considering  
 21 this."  
 22 Is that correct?  
 23 A That's --  
 24 MR. BERNICK: Object -- excuse me.

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1 THE WITNESS: I'm sorry.

2 BY MS. SINGER:

3 Q I'm sorry. Have I read that accurately,

4 Dr. Sackler?

5 A You have read it accurately.

6 Q Now, Purdue's response to this

7 testimony, this request for change was not to

8 make -- I'm sorry.

9 Purdue's response to this request for

10 change was to seek to stop the rollback of the

11 quota; is that correct?

12 A I don't --

13 MR. BERNICK: Object -- objection. Lack

14 of foundation.

15 Go ahead.

16 THE WITNESS: I don't recall. But I

17 don't think it's complete. It was -- if it's

18 true, and I don't remember it, it was -- you know,

19 I really don't -- I don't recall if we did that.

20 BY MS. SINGER:

21 Q Okay.

22 A I don't recall whether they rolled back

23 the quota.

24 Q Okay.

Golkow Litigation Services

Page 300

Highly Confidential - Subject to Further Confidentiality Review

1 regular mail Tuesday." Correct?

2 A These were proposed changes that needed

3 to be discussed.

4 Q Okay. And so now turn to the next --

5 A At least that's what it says. Okay.

6 Q Turning now to the next page, the

7 heading is "1 - To all patients currently

8 receiving OxyContin" --

9 A I'm sorry.

10 Q -- "Tablets free of charge under our

11 Individual Patient Assistance Program, and to

12 their physicians."

13 Are you with me?

14 A No. I -- which paragraph should --

15 Q The very first paragraph above the

16 "Dear."

17 A (Reading to himself.) Okay.

18 Q Okay. And then in the second paragraph:

19 "In testimony before a Congressional committee" --

20 MR. BERNICK: I don't -- I don't think

21 that Dr. Sackler is at the right place.

22 THE WITNESS: Yeah.

23 MR. BERNICK: You said it's above the

24 "Dear." It's right here is where she is talking

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Page 302

Highly Confidential - Subject to Further Confidentiality Review

1 A Okay.

2 (Sackler Exhibit No. 45 was marked

3 for identification.)

4 BY MS. SINGER:

5 Q I'm showing you Exhibit 45.

6 Dr. Sackler, do you recognize this as an

7 e-mail from you to Merle Spiegel on May 29, 2001?

8 A I -- it looks that way.

9 Q Okay. And your e-mail states: "Here

10 are my changes. I look forward to discussing

11 them." Correct?

12 A I'm sorry. And where did I say that?

13 I'm sorry.

14 Q On the first page, the cover page. Sir,

15 on the very page. Turn back.

16 A Okay. Oh, I'm sorry.

17 Q That's okay.

18 A Yes.

19 Q "Here are my changes. I look forward to

20 discussing them."

21 And the subject line is "Quota letters

22 3.doc." I'm sorry, that's the attachment.

23 The subject line is: "I suggest that we

24 consider sending the following via e-mail, fax and

Golkow Litigation Services

Page 301

Highly Confidential - Subject to Further Confidentiality Review

1 about, right?

2 MS. SINGER: So, first, we read: "To

3 all patients currently" --

4 MR. BERNICK: Right.

5 MS. SINGER: -- "receiving OxyContin

6 tablets."

7 MR. BERNICK: Right.

8 MS. SINGER: Now we're moving down below

9 "Dear." "In testimony before a Congressional

10 committee."

11 THE WITNESS: Okay. Hang on; slow down.

12 I'm not on "To all patients receiving OxyContin."

13 I'm on the wrong page, I guess. What page?

14 MR. BERNICK: Yeah, you -- no, you're --

15 it's "In testimony" -- no, you're back on the

16 wrong page.

17 THE WITNESS: Sorry.

18 MR. BERNICK: There you go. So you've

19 got to need -- read this here that she said, and

20 then read that one.

21 THE WITNESS: Oh, okay. Thank you.

22 Okay. And you're going to the second

23 paragraph of the "Dear" whoever.

24 BY MS. SINGER:

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Page 303



1 Q Right. "In testimony before a  
2 Congressional committee on May 17, Donnie R.  
3 Marshall, Administrator of the Drug Enforcement  
4 Administration, said that in an effort to combat  
5 the abuse and diversion of OxyContin tablets, the  
6 DEA is seriously considering rolling back the  
7 oxycodone quotas that DEA sets and rolling back  
8 those quotas to the 1996 levels."

9 Have I read that accurately?

10 A I think you did.

11 Q Okay. And in the first numbered  
12 paragraph, it says: "In 1996, the amount of  
13 oxycodone allocated to Purdue allowed" --

14 A The first page? I'm sorry.

15 Q Still on the first page, first numbered  
16 paragraph.

17 A Oh, on this --

18 Q Yep. "In 1996, the amount of  
19 oxycodone" --

20 A Right.

21 Q -- "allocated to Purdue allowed us to  
22 supply enough OxyContin to fill approximately  
23 290,000 prescriptions per year."

24 Have I read that correctly?

1 A You did.

2 Q In two -- paragraph 2: "In 2000, the  
3 amount of oxycodone allocated to Purdue allowed us  
4 to supply enough OxyContin to fill approximately  
5 5.4 million prescriptions per year."

6 Is that -- is that an accurate  
7 reflection of what's written there?

8 A You've read it correctly.

9 Q In paragraph 3: "If the quota were  
10 reduced, as suggested by Mr. Marshall, we would  
11 not be able to supply even 95 percent of" -- I'm  
12 sorry -- "supply 95 percent of the demand for  
13 OxyContin. Nineteen of every twenty patients  
14 would be unable to fill their doctor's  
15 prescription."

16 Have I read that accurately?

17 A You did.

18 Q And when you turn the page of this  
19 letter --

20 A Okay. This draft -- I think it was a  
21 draft.

22 Q Fair enough.

23 Second paragraph: "If the DEA were  
24 to" --

1 A Yes.

2 Q Tell me if you're with me.

3 A I am.

4 Q -- "were to impose even a small  
5 restriction on Purdue's quota for oxycodone, the  
6 war on drugs would turn into a war on people in  
7 pain. A severe shortage of supply would mean that  
8 nearly all patients in pain, including those in  
9 financial need who we have proudly served, would  
10 be unable to fix their -- fill their prescriptions  
11 for OxyContin tablets. You can do something about  
12 this. Write to the DEA and the members of  
13 Congress who represent you in Washington."

14 Have I read that accurately?

15 A You did.

16 Q Do you recall this letter?

17 MR. BERNICK: Objection to the form.

18 BY MS. SINGER:

19 Q That produced -- do you recall this  
20 letter?

21 MR. BERNICK: Objection to the form of  
22 the question.

23 THE WITNESS: I -- I do not recall this.

24 BY MS. SINGER:

1 Q On the cover page of the e-mail, you  
2 indicate: "Here are my changes."

3 A Wait a minute. I'd like to just -- I  
4 would call it a draft at this point.

5 Q Okay.

6 A Okay.

7 Q On the first page, you indicate: "Here  
8 are my changes," correct, of the cover letter?

9 A I did.

10 Q And the letter -- the draft letter has  
11 redlines, correct, indicating edits to the letter?

12 A If -- I'm used to seeing it in color on  
13 a screen, but if you say it's redlined, fine.

14 Q Do you have any reason to believe those  
15 aren't your changes to the letter?

16 A They appear to be my proposed changes to  
17 the draft.

18 Q Okay. Then turning to the next page  
19 that has --

20 A That had -- that had to be discussed  
21 according to the first paragraph, that we should  
22 discuss. It was -- it was ideas.

23 Q Page 2.

24 A Okay.



1 Q I'm sorry. Number 2 is a letter to  
 2 Senator -- draft letter to Senator Jesse Helms and  
 3 John Edwards of North Carolina, and then the  
 4 Congressmen and the Governor of North Carolina,  
 5 correct?  
 6 A That's what it says.  
 7 Q And by the way, the letter is -- the  
 8 draft letter on page -- two pages over is signed  
 9 by James Sullivan, Vice President, Manufacturing,  
 10 Wilson.  
 11 Is that a Purdue employee?  
 12 A He was then.  
 13 Q Okay. And then turn the page, please,  
 14 number 3, to Senators Dodd and Lieberman and the  
 15 Honorable Christopher Shays.  
 16 Do you see those names?  
 17 A I do.  
 18 Q And that's the Senate and Congressional  
 19 delegation from the State of Connecticut where  
 20 Purdue is based, correct?  
 21 A Yes.  
 22 Q And then letter 4, turning the page, is  
 23 to Senators Torricelli and Corzine of New Jersey,  
 24 and Marge --

1 A I'm sorry. Bullet 4 or number 4?  
 2 Q Page -- I'm sorry, letter number 4 --  
 3 A Right. Okay.  
 4 Q -- to Senator Torricelli, and that lists  
 5 the Congressional delegation from New Jersey,  
 6 correct?  
 7 A That is -- I -- I don't recognize Marge  
 8 Roukema. Torricelli, I don't remember his dates  
 9 of service, but I recognize that the name does  
 10 associate with a senator.  
 11 Q And by the way, it lists in  
 12 parentheses --  
 13 A Pardon?  
 14 Q -- Totowa. After Congresswoman  
 15 Roukema's name, it lists Totowa in parentheses.  
 16 A Totowa. Yes, I see Tolowa and I see  
 17 Princeton/Cranbury.  
 18 Q And Totowa, is that where Purdue had a  
 19 manufacturing facility or an office?  
 20 A Manufacturing, yes.  
 21 Q Okay. And then turning to letter  
 22 number 5 is directed to Senator Schumer and  
 23 Clinton of New York and the Honorable Sue Kelly,  
 24 the congresswoman representing Ardsley.

1 Did Purdue also have a facility there?  
 2 A I don't recall a facility in Ardsley or  
 3 in New York City.  
 4 Q Okay. Let's turn to number 8, please.  
 5 And this one is to 2,000 pain physicians.  
 6 A Okay.  
 7 Q Do you know if these letters were  
 8 ultimately sent, Dr. Sackler?  
 9 A I have no recollection of the letters,  
 10 and no recollection -- I have no memory of whether  
 11 these were sent or not.  
 12 (Sackler Exhibit No. 46 was marked  
 13 for identification.)  
 14 BY MS. SINGER:  
 15 Q Let's go to Exhibit 46, please.  
 16 Now, do you recognize this as a version  
 17 of at least a similar letter about the DEA quota?  
 18 A I'd have to read it. How much of it do  
 19 you want me -- are you asking me to read? I don't  
 20 recognize it instantly.  
 21 Q Is paragraph 1, "To all patients  
 22 currently receiving OxyContin Tablets under our  
 23 Individual Patient Assistance Program free of  
 24 charge because they cannot afford the drug and do

1 not have insurance coverage, and to their  
 2 physicians"?  
 3 A Okay. That's what it says.  
 4 Q And was that what we saw previously?  
 5 A I'm sorry?  
 6 Q Was that what we saw previously --  
 7 A I don't --  
 8 Q -- in the last set of letters?  
 9 A I don't recall a letter to patients  
 10 receiving the drug without having to pay for it  
 11 and their physicians. But...  
 12 Q Do you see a comment box on this letter  
 13 with --  
 14 A Yes.  
 15 Q -- RSS1?  
 16 A Yes.  
 17 Q And do you believe that those reflects  
 18 your edits to this letter?  
 19 A It says that.  
 20 Q And on page 3 of this letter, do you see  
 21 the paragraph that says --  
 22 A Page 3. I'm sorry. I just wanted to  
 23 finish reading that comment just to know what the  
 24 subject was to understand future questions better.

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1 Q Do you see the paragraph --

2 A Okay. I'm now on page 3.

3 Q "In such event, the Wilson plant, which

4 only recently received its DEA license to

5 manufacture OxyContin tablets, would be closed

6 immediately."

7 Do you see that paragraph?

8 A I see that, yes. That was a comment --

9 I wrote a comment to it. But I haven't read that

10 yet.

11 Q Okay. And then in the next paragraph,

12 there's added language underlined: "And since the

13 available data indicates the amount of abuse and

14 diversion is less than one percent of the product

15 prescribed, any DEA produced shortage in product

16 will hurt 99 patients in pain for each abuser who

17 is deprived of OxyContin tablets."

18 Do you recall writing that, Dr. Sackler?

19 A No.

20 Q Do you know the basis for that

21 statement?

22 A I don't recall writing it, and I don't

23 recall what the basis -- you're asking about the

24 one percent?

Golkow Litigation Services Page 312

Highly Confidential - Subject to Further Confidentiality Review

1 Q That's right.

2 A I don't recall what that basis was.

3 Q And do you know sitting here right now

4 whether there's any basis for that statistic?

5 A I don't recall all the possible bases

6 for this statistic.

7 Q Do you recall any possible bases for

8 this statistic?

9 MR. BERNICK: Objection. Lack of

10 foundation, assumes facts.

11 THE WITNESS: Okay. What's -- what --

12 remind me, what was the date of this document?

13 BY MS. SINGER:

14 Q This version is undated.

15 A Uh-huh.

16 Q But the --

17 A Is it part of the series?

18 MR. BERNICK: Let's see.

19 THE WITNESS: So let's see what the date

20 is.

21 MR. BERNICK: Is that not on his -- just

22 wait for her to give you a question.

23 THE WITNESS: Okay. I'm sorry.

24 BY MS. SINGER:

Golkow Litigation Services Page 313

Highly Confidential - Subject to Further Confidentiality Review

1 Q What I'm trying to --

2 THE WITNESS: I'm trying to answer --

3 MR. BERNICK: I know, but just wait --

4 wait for the question.

5 BY MS. SINGER:

6 Q I want to turn you to the comment on the

7 last page of this letter.

8 A Not the comment on the first page?

9 Q Right. On the last page, RSS5.

10 A I'm sorry. Okay. Are you talking about

11 paragraph 5, similar letters --

12 Q No, your comment number 5, which is the

13 second comment on that page.

14 A Okay.

15 Q Okay?

16 A I don't see the five, but, okay, that's

17 my eye -- eye problem.

18 Q And it refers to the text --

19 A Again --

20 Q -- sorry -- "A reduction in OxyContin

21 sales as a result of a precipitous reduction in

22 quota would likely result in staff reductions."

23 Do you see that sentence in the body of

24 the letter?

Golkow Litigation Services Page 314

Highly Confidential - Subject to Further Confidentiality Review

1 A Yes.

2 Q And your comment to that is again: "If

3 this becomes public, do we think that our

4 employees will understand that we don't expect the

5 reduction in quota to happen? Wouldn't it be

6 better to make the point verbally over the

7 telephone rather than in a letter, which may be

8 leaked intentionally or unintentionally? I'm sure

9 that between the three of us, we can get virtually

10 every senator and congressman we want to talk to

11 on the phone in the next 72 hours."

12 Have I read that correctly?

13 A Yes. You did.

14 Q Okay.

15 MR. CHEFFO: Hold on one second. I

16 think we just want to figure out, this isn't

17 Bates-stamped, but it looks like the one on the

18 screen is. So --

19 MS. SINGER: Is the Bates number?

20 MR. CHEFFO: I think the one on the

21 screen, there is one, but I just -- for the

22 record, this is a -- I can't see it -- he has one

23 without a Bates stamp on it.

24 MS. SINGER: Okay. I'm sorry about

Golkow Litigation Services Page 315

1 that. So the --  
 2 MR. CHEFFO: No, no, I'm just pointing  
 3 it out for the record, so you may want to replace  
 4 it with one that has it.  
 5 MS. SINGER: Yeah. Okay. And for the  
 6 record, the Bates number is PPLPC0 or  
 7 CO4500000399.  
 8 MR. CHEFFO: Okay. Thank you.  
 9 (Sackler Exhibit No. 47 was marked  
 10 for identification.)  
 11 BY MS. SINGER:  
 12 Q So I know you need a break. Let me get  
 13 one more question, and we can do it.  
 14 So Exhibit 47, also with a cut-off Bates  
 15 number that I'll read.  
 16 This is PPLPC045000005398.  
 17 Do you recognize this, Dr. Sackler, as  
 18 an e-mail from you to JDS?  
 19 A It appears to be an e-mail from me to  
 20 John. Yes. I don't remember it, to answer your  
 21 question.  
 22 Q And it's dated May 28th, 2001, correct?  
 23 A Yes.  
 24 Q And at the bottom of the e-mail chain,

Highly Confidential - Subject to Further Confidentiality Review

1 Reder from Chris Neumann.  
 2 A Wait just a second.  
 3 Q With the subject --  
 4 A Robert Reder. Yes, I see that.  
 5 Q Okay. Subject is --  
 6 A I see the name Chris Neumann, yes.  
 7 Q "Subject: Potential action by the DEA  
 8 to limit oxycodone supply."  
 9 A That's what it says.  
 10 Q "And here's the letter which sales --  
 11 sales administration sent out to greater than  
 12 2,000," quote, "thought leaders from their  
 13 database last Friday."  
 14 Correct?  
 15 A I'm trying to find --  
 16 Q The very first text in the letter.  
 17 A Oh, from -- from Robert Reder. "Here's  
 18 the letter which sales" -- okay. That's what it  
 19 says.  
 20 Q Do you know whether DEA ultimately  
 21 reduced the quota for OxyContin in 2001?  
 22 A I don't remember if they did reduce it  
 23 or not. They certainly didn't reduce -- I would  
 24 have remembered if they had reduced it by 95

1 also from you, under 8 -- do you see the number 8?  
 2 A Yes.  
 3 Q "A version of this letter should go to  
 4 pain physicians as well. This is a clear attack  
 5 on the pain movement. There can be no other  
 6 interpretation."  
 7 Have I read that accurately?  
 8 A You did.  
 9 Q And then at the top you forward it to  
 10 JDS and say: "FYI, we are in the middle of a real  
 11 fight."  
 12 Have I read that correctly?  
 13 A That's what it says.  
 14 (Sackler Exhibit No. 48 was marked  
 15 for identification.)  
 16 BY MS. SINGER:  
 17 Q Dr. Sackler, this is Exhibit No. --  
 18 MS. SINGER: Sorry. What's the number  
 19 on that? Mr. Bernick, do you see the exhibit  
 20 number?  
 21 MR. BERNICK: Yeah, it's 48.  
 22 MS. SINGER: Thank you.  
 23 BY MS. SINGER:  
 24 Q Exhibit No. 48, an e-mail to Robert

Highly Confidential - Subject to Further Confidentiality Review

1 percent. So -- but I'm just inferring here. I  
 2 don't recall if they did anything or if they  
 3 dropped it.  
 4 MS. SINGER: Okay. We can take a break.  
 5 MR. BERNICK: Great. Thank you.  
 6 THE VIDEOGRAPHER: Going off the record  
 7 at 11:13.  
 8 (Pause in the proceedings.)  
 9 THE VIDEOGRAPHER: We're back on the  
 10 record at 11:13 a.m.  
 11 BY MS. SINGER:  
 12 Q Do you recall a letter from the  
 13 Connecticut Attorney General, Richard Blumenthal,  
 14 to you in July of 2001?  
 15 A I don't recall that -- or a letter, I --  
 16 Q Okay.  
 17 (Sackler Exhibit No. 49 was marked  
 18 for identification.)  
 19 BY MS. SINGER:  
 20 Q This is Exhibit 49. It is a fax cover  
 21 sheet addressed to Richard Sackler, M.D.; is that  
 22 correct?  
 23 A Yes.  
 24 Q And it's from Richard Blumenthal; is

Highly Confidential - Subject to Further Confidentiality Review

1 that correct?

2 A That's what it says, yes.

3 Q Okay. And seeing this letter now, do

4 you have any recollection -- you don't have to

5 read it at this moment, but does the physical

6 letter --

7 A I don't have a recollection of receiving

8 the letter. I have a recollection that we engaged

9 a General Blumenthal -- I think I've addressed him

10 correctly -- through compliance and through a

11 number of departments to address his concerns.

12 Q So reading this letter, if you can

13 follow along with me, it's dated July 31st,

14 2001 --

15 A When I said "we," by the way, I was

16 unclear. Purdue did that.

17 Q It's a letter addressed to you, correct,

18 Dr. Sackler?

19 A That is correct.

20 Q Dated July 31st, and the letter is

21 signed on the last page by Richard Blumenthal,

22 correct?

23 A That's what it says.

24 Q Okay. And on the first page, the letter

Highly Confidential - Subject to Further Confidentiality Review

1 Q -- "with an abuse liability similar to

2 morphine. Addiction is a real, present and

3 growing danger."

4 Have I read that accurately?

5 A You read what he wrote.

6 Q "Once confined largely to a few eastern

7 states and the Appalachian region, such problems

8 have now spread across the country. Once limited

9 to rural areas, abuse has migrated to the cities.

10 It is the drug of choice for the middle class and

11 middle-aged, along with teenagers and young

12 adults."

13 Do you recall receiving that language

14 from Attorney General Blumenthal?

15 A I don't recall receiving that language.

16 Q The letter goes on: "Connecticut,

17 unfortunately, has not been spared problems

18 relating to improper use and criminal diversion of

19 the prescription drug" --

20 A I'm sorry. Oh, here.

21 Q Bottom paragraph.

22 A Go ahead.

23 Q Then turning the page, the top of the

24 next page --

Highly Confidential - Subject to Further Confidentiality Review

1 reads: "Once confined largely to a few eastern

2 states and the Appalachian region, such problems

3 have now spread across the country" --

4 I'm sorry, let me go back to the

5 previous paragraph.

6 "As I have discussed with you and other

7 Purdue officials, this extraordinarily powerful

8 medicine," and that refers -- you know what,

9 sorry, let's start at the very beginning.

10 "Dr. Sackler, I have been increasingly

11 dismayed and alarmed about the problems and

12 escalating abuse of OxyContin."

13 Are you with me?

14 A Yes, I am.

15 Q "As I have discussed with you and other

16 Purdue officials, this extraordinarily powerful

17 medicine promises tremendous benefits to people

18 who suffer from severe chronic pain, but it also

19 has led to widespread misuse, diversion, criminal

20 wrongdoing and related problems. As you observed

21 in your July 18th precautionary letter, OxyContin

22 is a synthetic narcotic with an" --

23 A Just a second. I just lost you there.

24 Oh, there it is. Okay. Thank you.

Highly Confidential - Subject to Further Confidentiality Review

1 MR. BERNICK: That's --

2 THE WITNESS: Turn on page 3?

3 MR. BERNICK: I think if -- it's

4 transcribed that he said, "I'm sorry." The

5 witness said, "I'm sorry." I think that there was

6 more to that. If you would just make a note and

7 check your recording, that would be great. Thank

8 you. Sorry.

9 BY MS. SINGER:

10 Q "The serious, almost epidemic dimensions

11 of these problems are reflected in overdose deaths

12 attributed in whole or in part to OxyContin,

13 pharmacy robberies and other criminal wrongdoing

14 related to the prescription drug, and growing

15 addiction to OxyContin, whether -- whether

16 acquired illegally or prescribed."

17 Have I read that accurately?

18 A You read it accurately.

19 Q Then skipping down. "A number of

20 supposed anti-abuse steps" --

21 Do you see where I am?

22 A Yes.

23 Q "A number of supposed anti-abuse steps

24 have been publicly touted in recent weeks,

1 tamperproof prescription pads, for example, or  
 2 educational programs for children about general  
 3 prescription drug dangers. These programs fail to  
 4 address the fundamental and serious risks inherent  
 5 in the drug itself, particularly its extraordinary  
 6 potency and exploding availability. Each  
 7 addresses only a small source of the abuse  
 8 problem. The educational effort, for instance,  
 9 deals generally with a broad array of prescription  
 10 drugs in only the very youngest age group,  
 11 ignoring the steep pitfalls of addiction and  
 12 misuse among adults."

13 Have I read that accurately?

14 A You have.

15 Q Then continuing down: "Very bluntly,  
 16 initiatives must move beyond cosmetic and symbolic  
 17 steps to deal directly" --

18 A Now, okay, you're moving down, but --  
 19 "very bluntly" -- ah, that helps me locate it.

20 Q "Very bluntly, initiatives must move  
 21 beyond cosmetic and symbolic steps to deal  
 22 directly with alarming and growing diversion,  
 23 abuse, fraud, robbery, and other law-breaking  
 24 spawned by the present system of distribution.

1 Purdue Pharma must overhaul and reform its  
 2 marketing practices, eliminating the videos and  
 3 other promotional materials aimed at persuading  
 4 patients to pressure doctors into prescribing the  
 5 prescription drug. Real reform will signal that  
 6 the company is sincere, as it seems to be."

7 Have I read that accurately?

8 A You read the words accurately, yes.

9 Q So Attorney General Blumenthal goes on  
 10 to recommend a series of steps.

11 Do you recall --

12 A Okay. I --

13 Q -- his recommendations to Purdue Pharma?

14 A Is it on this page or should I turn  
 15 forward?

16 Q You can turn the page.

17 A Okay.

18 Q They're under numbered headings.

19 A Yes. Okay. Starting with "Centralized  
 20 pharmacies."

21 Q That's correct. So the steps Attorney  
 22 General Blumenthal recommended was -- first was  
 23 limiting availability of OxyContin to centralized  
 24 pharmacies.

1 You see where I've read?

2 A Yes.

3 Q And he says: "Initially suggested by  
 4 the Drug Enforcement Administration is a viable  
 5 concept to stop the spread of armed robberies of  
 6 drugstores."

7 Did Purdue take steps to limit the  
 8 distribution of OxyContin to centralized  
 9 pharmacies in or after 2001?

10 MR. BERNICK: Objection. Lack of  
 11 foundation.

12 THE WITNESS: I do not recall.

13 BY MS. SINGER:

14 Q You do not recall whether you took that  
 15 step?

16 A Whether we restricted to central --  
 17 centralized pharmacies.

18 Q Okay. So what I'm going to do,  
 19 Dr. Sackler, is start creating a list.

20 So, centralized pharmacies is the first  
 21 suggestion. Second --

22 MR. BERNICK: Excuse me. I -- I object.  
 23 This is just a display of counsel's  
 24 characterization. The whole graphic is a

1 characterization. And I think it's inappropriate  
 2 under these circumstances because he's looking at  
 3 it, and he's essentially responding to it, and all  
 4 of your stop signs, and -- so I have an objection  
 5 to form of the question, because it's tainted by  
 6 your particular display, which is argumentative.  
 7 And lacks foundation.

8 MS. SINGER: Do you want to rule on it,  
 9 Special Master Cohen?

10 SPECIAL MASTER COHEN: You are taking  
 11 the chance on whether this is ever admissible.  
 12 You can ask him the question.

13 MS. SINGER: Okay. I'll do -- I'll do  
 14 the exhibit later.

15 BY MS. SINGER:

16 Q Let's keep going through the list.

17 "Restricting sales to physicians with  
 18 specialized need and expertise to prescribe the  
 19 drug."

20 Do you see that as Attorney General  
 21 Blumenthal's second suggestion to you,  
 22 Dr. Sackler?

23 A I read the words, yes.

24 Q And do you recall whether Purdue ever



1 made an effort to restrict the sales of OxyContin  
2 to physicians with specialized needs and expertise  
3 to prescribe the drug?

4 MR. BERNICK: Object to the form.

5 THE WITNESS: I don't believe we sold  
6 the drug to any physician directly.

7 BY MS. SINGER:

8 Q And did you make any other effort --  
9 well, we'll get to that in the next one. Strike  
10 that.

11 Number 3 is: "Instituting a physician  
12 certification program." And it explains: "A  
13 company-sponsored training program to teach  
14 physicians about the proper use of OxyContin,  
15 including its attendant dangers and benefits would  
16 help provide expertise. I am not advocating more  
17 seminars in Florida or Arizona to encourage more  
18 OxyContin prescriptions, but rather local  
19 workshops to train these physicians about the  
20 limited circumstances where such prescriptions are  
21 appropriate. Following this training, the company  
22 could issue a certificate to the physician that  
23 attests to attendance at the training and  
24 acknowledgment of OxyContin's risks. Purdue

1 Pharma could require such certification prior to  
2 selling the pharmaceutical to any physician."

3 Have I read that accurately?

4 A You did.

5 Q And did Purdue Pharma put in a program  
6 like that?

7 A This is a somewhat confused or confusing  
8 paragraph. So it's difficult for me to  
9 understand, because I don't understand exactly  
10 what General Blumenthal was getting at here. I  
11 can't really rummage my memory.

12 Q Do you recall whether Purdue ever put in  
13 place a program that would require physicians  
14 prescribing OxyContin to go through any sort of  
15 mandatory training before they could prescribe  
16 this drug?

17 A I don't recall, and I don't think that  
18 there was any way that Purdue could have -- I  
19 don't imagine there is any way that this was  
20 recognized by the industry as something that was  
21 doable with only -- without -- A, without the FDA;  
22 and, B, only -- I can only think of one drug that  
23 had a certification program and that was requested  
24 by the FDA. It was a drug for acne. Accutane, if

1 I remember correctly. And at one time, such a  
2 program was in place because the hazard was that a  
3 pregnant woman would have a seriously deformed  
4 baby. And the FDA worked out with the  
5 manufacturer something that sounds like this.

6 Q And did Purdue Pharma ever recommend a  
7 program like this because of the risks of  
8 addiction, abuse and diversion of OxyContin?

9 A I don't know.

10 Q And do you recall --

11 A I don't recall actually. Maybe I knew.  
12 But I don't recall it.

13 Q And then under paragraph number 4,  
14 Attorney General Blumenthal in the middle of that  
15 paragraph says: "The general consensus among  
16 experts is that these powerful drugs should be the  
17 treatment of last resort for chronic pain. As you  
18 well know, pain management is more than simply  
19 prescribing a pill. Purdue Pharma should adopt a  
20 plan that incorporates this approach to pain  
21 management and requires a physician's acceptance  
22 of such a contract."

23 Did Purdue Pharma ever promote the idea  
24 that OxyContin was a treatment of last resort for

1 chronic pain?

2 MR. BERNICK: Yeah, I -- I object to the  
3 form of the question because you -- you --

4 MS. SINGER: Mr. Bernick, please stop  
5 the speaking objections.

6 MR. BERNICK: Objection.

7 MS. SINGER: Special Master Cohen.

8 SPECIAL MASTER COHEN: What is the  
9 objection to the question?

10 THE WITNESS: So could you repeat the  
11 question, please?

12 BY MS. SINGER:

13 Q Here we go again.

14 Did Purdue Pharma put in place a program  
15 that made clear to doctors that OxyContin was a  
16 treatment of last resort for chronic pain?

17 MR. CHEFFO: Object to the form.

18 THE WITNESS: I don't recall.

19 BY MS. SINGER:

20 Q And then the last suggestion:

21 "Treatment and rehabilitation programs.

22 Recognizing the powerful addiction dangers of  
23 OxyContin, the company must devote resources to  
24 treatment and rehabilitation programs,



1 particularly among population groups most  
2 affected. The company has a responsibility, legal  
3 and moral, to individually -- individuals who are  
4 addicted, whether they acquired the drug  
5 legitimately or illicitly."

6 Do you agree with that statement,  
7 Dr. Sackler?

8 A No, I don't today agree with that  
9 statement.

10 Q "Regardless of the source of the drug,  
11 they and their families must now cope with the  
12 addiction, and their communities must provide for  
13 their care."

14 Do you agree with that statement?

15 A I don't recall that statement.

16 Q Do you agree that that is the  
17 appropriate -- that that is the consequence of  
18 OxyContin prescriptions?

19 MR. BERNICK: Objection to the form of  
20 the question, lack of foundation.

21 THE WITNESS: I don't agree with the  
22 statement, because it's not consistent with my  
23 understanding of the risk of addiction for  
24 patients. Notice he says patients here.

1 I think it's -- at that time I think it  
2 was rare and was very adequately described, if I  
3 remember right, multiple times in the package  
4 insert that the FDA --

5 BY MS. SINGER:

6 Q Do you --

7 A -- worked with us to change.

8 Q Do you know in what year Purdue

9 ultimately disclosed the risk of iatrogenic  
10 addiction to OxyContin in its package insert?

11 MR. BERNICK: Objection to form, lack of  
12 foundation.

13 THE WITNESS: I don't recall a year. Or  
14 if that happened in fact.

15 BY MS. SINGER:

16 Q And do you know at what time Purdue knew  
17 about the risk of iatrogenic addiction to  
18 OxyContin?

19 A We -- we knew that iatrogenic addiction  
20 was a known risk for all opioids. And it was --  
21 but it was not, and I don't think it is -- I think  
22 it is uncommon when patients are being -- the  
23 right patients are being managed by a physician.

24 Q So Purdue always knew of the risk of

1 iatrogenic addiction, correct?

2 A I believe there was a time that we said,  
3 with the approval of the FDA -- or they suggested  
4 we say, I don't know, that it was very rare. That  
5 was changed to some other words that were not  
6 quite very rare. They were different.

7 But I think when properly used, opioids,  
8 all of them, carry a relatively small risk of the  
9 iatrogenic addiction.

10 Q And again --

11 A Meaning -- meaning real patients -- let  
12 me just expand -- real patients really in pain  
13 that has not been adequately managed with other  
14 medications, and a doctor decides, I'll have to  
15 start an opioid. And there were many to choose  
16 from.

17 Q And that is your belief today about the  
18 risk of addiction to OxyContin?

19 A That is my belief, yes.

20 Q And that has always been your belief,  
21 correct?

22 MR. BERNICK: Objection to the form of  
23 the question, lack of foundation.

24 THE WITNESS: I can't remember if I --

1 if it was always, every day, every week, but my  
2 belief is what I just stated.

3 BY MS. SINGER:

4 Q And when -- withdrawn.

5 The last thing that Attorney General  
6 Blumenthal recommends in his letters is that  
7 Purdue devote a percentage of its revenue from  
8 OxyContin sales to addiction treatment and  
9 rehabilitation.

10 I take it that Purdue Pharma has never  
11 dedicated any percent of its revenues from  
12 OxyContin to addiction treatment or  
13 rehabilitation; is that correct?

14 MR. BERNICK: Objection. Lack of  
15 foundation.

16 THE WITNESS: I don't know that I can  
17 agree with that because I'm not certain it is  
18 correct.

19 BY MS. SINGER:

20 Q Do you know -- do you recall Purdue ever  
21 making a contribution to deal with addiction  
22 treatment?

23 MR. BERNICK: Lack -- objection. Lack  
24 of foundation.

1 THE WITNESS: I don't have a clue --  
2 it's a very sweeping question, never. I don't --  
3 my impression is that's probably not correct. But  
4 if you were to press me and say describe when and  
5 where and -- I don't know.

6 BY MS. SINGER:

7 Q So going back to the risk of addiction,  
8 if you turn to page -- it's Bates number 034, or  
9 page 4, of Attorney General Blumenthal's, he has a  
10 bottom paragraph: "Finally, three other  
11 points" --

12 A Oh, sorry, let me -- page 3. And the  
13 bottom paragraph?

14 Q Mm-hmm.

15 A And are you at the beginning of the  
16 paragraph or in the body? Finally -- whoops, I  
17 must be on the wrong page. It says page 3 here.

18 Q Page 4.

19 A I'm sorry. I apologize. I thought you  
20 said 3.

21 Q And he refers in the middle of that last  
22 paragraph to a publication, the "Patient Bill of  
23 Rights for Pain Management."

24 Are you familiar with that publication?

1 A I don't recall it.

2 Q And he says: "Specifically, I am  
3 disturbed by the site's statement that addiction  
4 from prescribed opioids is rare in patients  
5 without a history of drug/alcohol abuse, if  
6 prescribed under a physician's care. This  
7 statement is simply not true, and I have received  
8 letters and phone calls from patients attesting to  
9 the fact that they or family members became  
10 addicted to OxyContin after it was prescribed by  
11 their physician. It must be changed."

12 Have I read that accurately?

13 A Pardon?

14 Q Have I read what -- what Attorney  
15 General Blumenthal wrote accurately?

16 A I'm sorry, I -- I was thinking -- I was  
17 getting ahead of myself. I'm thinking what do I  
18 remember about this. Okay.

19 I'm sorry. Now I'm on the wrong  
20 paragraph. Which one do you want -- were you  
21 reading from -- one, two or three?

22 Q It's the final paragraph starting  
23 "Specifically, I am disturbed by the site's  
24 statement" --

1 A Okay. I must be on the wrong page, I  
2 think. Right? Oh, I'm sorry. Okay.

3 Thank you. Yes, now I am on -- on the  
4 right paragraph.

5 Q Okay. And do you see that Attorney  
6 General Blumenthal is objecting to the  
7 truthfulness of the statement that addiction from  
8 prescribed opioids is rare in patients without a  
9 history of drug and alcohol abuse?

10 A I'm in the wrong paragraph. I'm really  
11 sorry. Finally -- yeah, where is it? It's in the  
12 body of the text?

13 MR. BERNICK: It's right there.

14 THE WITNESS: Okay. I finally found it.  
15 "Specifically" -- okay.

16 (Peruses document.) Okay, now I've read  
17 it.

18 BY MS. SINGER:

19 Q And I -- that is what he had written in  
20 the letter.

21 A That is what the letter says, yes.  
22 (Sackler Exhibit No. 50 was marked  
23 for identification.)

24 BY MS. SINGER:

1 Q And do you recognize Exhibit 50?

2 A I -- yeah, I'm sorry.

3 Q Do you recognize Exhibit 50? It is  
4 "Patient Bill of Rights for Pain Management."

5 A (Peruses document.)

6 Q Do you recognize it, Dr. Sackler?

7 A I don't recall --

8 Q If you turn --

9 A -- the first two pages.

10 Q If you turn to the last page, do you see  
11 Purdue Pharma -- Purdue's logo on the last page?

12 A "Now that you know"?

13 Q Excuse me.

14 A Is the last page "Now that you know"?

15 Q The very back cover.

16 A Thank you. Yes. Of the letter, last --

17 Q Of the --

18 A Oh, I'm sorry.

19 Q That's okay.

20 A This was stapled with Richard

21 Blumenthal's letter. Not -- so it's the page that  
22 starts "Now that you know"?

23 Q Yep. And you see Purdue Pharma's logo,  
24 correct?

1 A Yes.

2 Q And on Bates number 5 -- 751.

3 "Question: Is addiction a problem in

4 patients who take opioids? Addiction is rare in

5 patients without a history of drug and alcohol

6 abuse when taking an opioid under a doctor's

7 care."

8 A I'm sorry. Could you repeat the page

9 number?

10 Q You know what, I -- I withdraw it.

11 A Okay. Okay.

12 Q I want to turn you to one last line in

13 Attorney General Blumenthal's letter, on the last

14 page of the letter, page 5.

15 A Page 5. His fax page 5 or --

16 Q Yes.

17 A Okay. Five.

18 Q "In short" -- bottom of the second

19 paragraph.

20 A Okay.

21 Q -- "it is time for Purdue Pharma to

22 change its practices, not just its public

23 relations strategy."

24 A "It is time" -- I'm -- I'm sorry, I

1 outlined in that PowerPoint?

2 MR. BERNICK: Object -- objection.

3 Asked and answered.

4 THE WITNESS: Let me think.

5 MR. BERNICK: Go ahead.

6 THE WITNESS: Do I have a specific

7 memory of what we did in Maine? That's the

8 question, correct?

9 I -- I know we did dozens of

10 interventions and programs and activities that

11 were -- most of which were unprecedented and were

12 ahead of any regulator's request. But I don't

13 have a specific memory about what -- which ones

14 were implemented in Maine or when they started.

15 So I can't say -- I have to say I don't recall.

16 BY MS. SINGER:

17 Q So, Dr. Sackler, you testified yesterday

18 that you used your -- your requests for data and

19 your suggestions to prompt your staff to think

20 about things differently. Correct?

21 A When I -- yes, I -- that's correct, I

22 did that, and I would inquire about or propose

23 possible areas of innovation or ideas in the hope

24 that it would elicit from many people in the

1 can't find this paragraph. Maybe I'm on the wrong

2 page again.

3 Okay. Thank you. You --

4 Q "In short, it is time for Purdue Pharma

5 to change its practices, not just its public

6 relations strategy."

7 Is that what Attorney General Blumenthal

8 wrote to you?

9 A That's what it says, yes.

10 Q So I want to go back, Dr. Sackler, to

11 some of the things we've covered today. So we

12 talked about the abuse outbreak in -- the

13 OxyContin abuse outbreak in Maine. Correct?

14 A Yes --

15 Q And we went through --

16 A -- we touched on that --

17 MR. BERNICK: Just wait.

18 BY MS. SINGER:

19 Q -- the PowerPoint that laid out Purdue's

20 response?

21 A I don't think I agree that it was the

22 whole response. I --

23 Q Do you have any recollection of specific

24 steps that Purdue took in Maine beyond what was

1 company their ideas, yes.

2 MR. BERNICK: Linda, we're just -- just

3 we're over an hour now, I think.

4 THE WITNESS: Yeah, I --

5 MS. SINGER: Okay. I'll finish this

6 line of questioning.

7 BY MS. SINGER:

8 Q Dr. Sackler, do you recall sending

9 e-mails to your staff to elicit areas of

10 innovation or ideas about abuse and overdose to

11 OxyContin?

12 A I don't recall.

13 Q And do you recall requests for meetings

14 or urgent actions to reduce abuse by certain

15 percentages or to show results in reducing the

16 abuse and overdoses from OxyContin?

17 MR. BERNICK: Objection to form.

18 THE WITNESS: Could you just restate the

19 question?

20 BY MS. SINGER:

21 Q Do you recall sending requests for

22 meetings or urgent action to reduce abuse by

23 certain percentages or to show results in reducing

24 the abuse and overdoses from OxyContin?

1 MR. BERNICK: Same objection.  
 2 Go ahead.  
 3 BY MS. SINGER:  
 4 Q And your answer?  
 5 A The answer is that there were many, many  
 6 dozens of meetings where that was the subject. I  
 7 don't recall what I contributed or whether I asked  
 8 for the meeting about actions.  
 9 Q Where is the record, Dr. Sackler, of  
 10 leadership you provided to Purdue's staff to  
 11 address the kids in Gadsden, Alabama, or in Summit  
 12 County or in Cuyahoga County, Ohio, who were dying  
 13 from OxyContin?  
 14 MR. BERNICK: Objection to form.  
 15 THE WITNESS: Okay. Could you just  
 16 restate it? I want to answer you precisely.  
 17 BY MS. SINGER:  
 18 Q Yeah, I'm looking for the e-mails and  
 19 the questions and the record you built in leading  
 20 your staff to address the kids in Gadsden,  
 21 Alabama, and Cuyahoga County and Summit County,  
 22 Ohio, who were dying from OxyContin.  
 23 MR. BERNICK: Objection to form.  
 24 THE WITNESS: I don't -- I don't recall

1 what I wrote or whether I asked -- made a specific  
 2 suggestion in writing. There were -- as I said,  
 3 there were many, many meetings in which this was  
 4 the subject that I attended. I don't know who  
 5 can -- I don't recall all of the meetings. I  
 6 don't recall any specific meeting that I invited  
 7 people to. There well may be in the record such  
 8 meetings, but I can't recall. This was 20 years  
 9 ago.  
 10 BY MS. SINGER:  
 11 Q Let me ask you another set of questions  
 12 about that. And then we can take a break.  
 13 (Sackler Exhibit No. 51 was marked  
 14 for identification.)  
 15 BY MS. SINGER:  
 16 Q So, Dr. Sackler, I'm going to show you a  
 17 set of slides from SAMHSA, the Substance Abuse and  
 18 Mental Health Services Administration, the  
 19 Treatment Episode Data Set.  
 20 Are you familiar with SAMHSA TEDS data?  
 21 A I don't recall if in 1999 I knew that.  
 22 But we had quite a number of people who were very  
 23 knowledgeable and who were either assigned to the  
 24 team to deal with -- but I don't remember knowing

1 about the opioid --  
 2 MR. BERNICK: He's -- objection to --  
 3 MS. SINGER: Let him finish his answer,  
 4 please.  
 5 BY MS. SINGER:  
 6 Q You don't recall knowing about?  
 7 MR. BERNICK: I'm sorry, I interrupted.  
 8 Go ahead.  
 9 THE WITNESS: Okay. Let me -- I have --  
 10 my recollection is the first time I heard and it  
 11 registered to me that there was a problem was the  
 12 Bangor, Maine article. That I have a recollection  
 13 of, because it was -- it was new to me, and it was  
 14 serious. After we -- we immediately looked for  
 15 verification. The report was -- the article --  
 16 this is -- this is a real problem in Bangor.  
 17 BY MS. SINGER:  
 18 Q So I'm asking you -- we saw all of those  
 19 e-mails yesterday about you asking for data on  
 20 sales force -- sales forecasts -- did you ever  
 21 e-mail your staff for data on abuse rates for  
 22 OxyContin?  
 23 A I don't recall that.  
 24 Q Did you ever e-mail your staff for data

1 on OxyContin overdose rates?  
 2 A I don't recall that either.  
 3 Q Do you ever recall asking your staff for  
 4 account or distribution of fatalities related to  
 5 OxyContin?  
 6 A I -- I don't recall that.  
 7 Q So I want to take a look at the SAMHSA  
 8 TEDS data. I know you haven't seen it, but you  
 9 can look at it on the screen as well, Dr. Sackler,  
 10 in front of you. So there --  
 11 A This is quite clear. Thank you.  
 12 Q Okay. So if you look at 1999, it tracks  
 13 primary non-heroin opioid -- opiates, synthetics  
 14 admission rates. So these were admission to  
 15 addiction treatment programs. I'm not asking you  
 16 to attest to the veracity of the data.  
 17 MR. BERNICK: I move to strike the  
 18 statement of counsel.  
 19 BY MS. SINGER:  
 20 Q So when you look here, red and dark red  
 21 is the greatest intensity of admission rates to  
 22 addiction treatment programs.  
 23 MR. BERNICK: Your Honor, I'm going to  
 24 move to strike, and -- and I object to further

1 questioning on these slides. This is simply -- I  
 2 have no idea what it is. The witness --  
 3 SPECIAL MASTER COHEN: Overruled. She  
 4 is setting a predicate for her question.  
 5 Go ahead.  
 6 BY MS. SINGER:  
 7 Q And the light colors are less intense  
 8 rates of admission.  
 9 So, Dr. Sackler, looking at this  
 10 chart --  
 11 A I'm sorry. You said the light --  
 12 Q The light colors --  
 13 A -- the lightest color.  
 14 Q Are less, are fewer addiction --  
 15 A Fewer. I can't figure out what the  
 16 numbers are. It's just somebody's opinion of what  
 17 is fewer, you know, where -- where to draw the  
 18 line, but I don't see where they do it.  
 19 Q There's the key at the bottom that tells  
 20 you dark red --  
 21 A It's.  
 22 Q -- is 45 or more admissions per 100,000  
 23 people.  
 24 A I didn't see the word "admissions." I'm

1 states went red to change its marketing or  
 2 distribution of OxyContin or other opioids?  
 3 MR. BERNICK: Same objections. Form,  
 4 lack of foundation.  
 5 MS. SINGER: You have a continuing  
 6 objection, Mr. Bernick.  
 7 BY MS. SINGER:  
 8 Q Please go ahead, Dr. Sackler.  
 9 A Could you repeat the question? Is there  
 10 something --  
 11 Q What should Purdue have done, seeing  
 12 this map of the country and this data about  
 13 addiction treatment admissions?  
 14 MR. BERNICK: Well --  
 15 THE WITNESS: You're asking for my  
 16 opinion or the company?  
 17 MR. BERNICK: Excuse me. Objection.  
 18 Assumes facts, "seeing this map of the country."  
 19 BY MS. SINGER:  
 20 Q Is there something Purdue --  
 21 A You're asking a hypothetical or a fact?  
 22 Q I am saying --  
 23 A If it's a hypothetical, I don't  
 24 under- -- I can't answer your question accurately

1 sorry.  
 2 Q That's okay.  
 3 A I didn't know whether 45 -- what it  
 4 meant, what the units were.  
 5 Q All right. So you can see in 1999,  
 6 there's some red states.  
 7 A Yes, I see that.  
 8 Q Maine, for instance, where we talked  
 9 about Bangor is a dark red state.  
 10 A Yes.  
 11 MR. BERNICK: So I -- I'm going to  
 12 have -- should I just object to each one or --  
 13 SPECIAL MASTER COHEN: You'll have a  
 14 continuing objection to this line of  
 15 questioning.  
 16 MR. BERNICK: A continuing objection to  
 17 this use of information under these circumstances.  
 18 Lack of foundation and form.  
 19 Thank you, Your Honor.  
 20 BY MS. SINGER:  
 21 Q In this slide, Dr. Sackler --  
 22 A Yes.  
 23 Q -- is there something that Purdue had --  
 24 should have done as these -- as this group of

1 because I don't -- you're saying should we have  
 2 done something with -- this is kind of out of  
 3 context -- non-heroin opiates. It doesn't say  
 4 OxyContin. So I assume it's all opiates, and I  
 5 don't think that it's pointed to any particular  
 6 opiate.  
 7 Q Okay. So is there anything different  
 8 that Purdue -- Purdue should have done with its  
 9 marketing or distribution of OxyContin based on  
 10 this data?  
 11 MR. BERNICK: Same thing. Assumes  
 12 facts, no foundation.  
 13 MS. SINGER: Special Master Cohen, I  
 14 think there's been a continuing --  
 15 SPECIAL MASTER COHEN: It's fine. Go  
 16 ahead.  
 17 THE WITNESS: The answer is I don't  
 18 think this was interpretable as being any  
 19 particular opioid, not this map.  
 20 BY MS. SINGER:  
 21 Q Okay. So let's go to the next slide.  
 22 You can turn your page, please.  
 23 2001, Dr. Sackler, additional states are  
 24 going red with increased addiction treatment



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1 admissions. Is there something different that  
2 Purdue should have done in its marketing or  
3 distribution of opioids in 2001?  
4 MR. BERNICK: Move to strike the  
5 prefatory statement, lack of foundation, and form.  
6 THE WITNESS: I would assume -- on this  
7 basis of this map alone, I don't think so. But I  
8 would think that after Bangor, Maine, we were  
9 doing things to -- not because of this data, but  
10 doing things because of -- of a belief that  
11 OxyContin was a rising source of abuse. This just  
12 doesn't say OxyContin.  
13 It includes fentanyl, which has gone on  
14 to be a scourge. And fentanyl was abused, if I  
15 recall correctly, simultaneously with the abuse of  
16 OxyContin, although the means of abuse that was  
17 explained was somewhat different. But it was IV  
18 abuse or chewing fentanyl and absorbing it in the  
19 mouth. That's my recollection.  
20 BY MS. SINGER:  
21 Q So let's go to the next slide, please.  
22 You can turn your page.  
23 A Sure.  
24 Q 2003, you can see more red states and

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1 But your question is a hypothetical,  
2 should we have done something, and I guess the  
3 best thing to do would be to ask for clarification  
4 or seek clarification from other sources of data.  
5 So...  
6 Q And that's what Purdue should have done.  
7 A If -- if it had seen that, and it had  
8 said, Well, we'll see if SAMHSA will gave us a  
9 breakdown, maybe. That's hypothetical. So...  
10 Q Okay. So let's keep going. 2005 -- I'm  
11 sorry. 2000 -- 2005.  
12 A '05 -- '05, yeah.  
13 Q You can skip to 2007. 2007,  
14 Dr. Sackler, I think virtually the whole country  
15 is red. Should Purdue have been doing something  
16 more or different at this point?  
17 A We were doing --  
18 MR. BERNICK: Excuse me. Object to  
19 form. Object to use of the slide based upon lack  
20 of foundation. Move to strike counsel's prefatory  
21 statement.  
22 THE WITNESS: For seven years we were  
23 doing lots of things. Is your question should we  
24 have added to what we were doing more? We had

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1 darker red states.  
2 At that point, Dr. Sackler, in addition  
3 to whatever Purdue was doing, is there something  
4 more or different you should have done with the  
5 marketing and distribution of your opioids in  
6 2003?  
7 MR. BERNICK: Again, move to strike the  
8 prefatory statement, the use of the slide, based  
9 on found- -- foundation and form.  
10 THE WITNESS: What we -- I -- I think  
11 this is uninterpretable. You don't know which  
12 opioids. It doesn't say it's OxyContin. It's --  
13 my best guess is it's all non-heroin opiates, as  
14 it says here, and that is uninterpretable in terms  
15 of what opioid is being abused.  
16 As a matter of fact, my recollection is  
17 the most abused opioid was oxy -- oxycodone -- not  
18 oxycodone. Sorry. That was a mis- --  
19 hydrocodone, Vicodin, and its many generics.  
20 BY MS. SINGER:  
21 Q So --  
22 A So it could have been this. That could  
23 have been Vicodin. I don't recall that -- I don't  
24 recall this chart.

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1 people who were devoted to dealing with the --  
2 with the abuse of OxyContin, and by indirection,  
3 with the abuse of all opioids -- opiates.  
4 I don't know if we should have done  
5 more. Obviously you can always add on another  
6 project, but that doesn't mean that you haven't --  
7 that anything you think of should have been done.  
8 I -- I'm just not knowledgeable enough or -- and  
9 my memory is not that clear. But I do recall that  
10 we had a dedicated team of professionals working  
11 on this at that point for, my recollection is,  
12 seven years.  
13 BY MS. SINGER:  
14 Q And then 2009, does your answer change?  
15 A I turned it -- I'm sorry?  
16 Q 2009, does that change anything about  
17 what you've said previously about what Purdue  
18 should have done?  
19 A No. It still says non-heroin opioids --  
20 opiates. It doesn't help me.  
21 Q Okay.  
22 A And -- and -- and your open-ended  
23 opinion question is -- it presumes I'm now  
24 familiar with all the things we did do, and I'm



1 not -- I wasn't an expert on our programs, had we  
2 covered every reasonable source of OxyContin's  
3 abuse, and we were doing lots and lots of things.  
4 (Sackler Exhibit No. 52 was marked  
5 for identification.)  
6 BY MS. SINGER:  
7 Q Okay. Let's move to Exhibit 52.  
8 A Oh. Okay.  
9 MR. BERNICK: Can we --  
10 MS. SINGER: Then we can do a break.  
11 THE WITNESS: Pardon? Are we breaking?  
12 MS. SINGER: We'll do one last document,  
13 and then you can take a break.  
14 THE WITNESS: Thank you. Is there going  
15 to be a lunch break, Counselor?  
16 SPECIAL MASTER COHEN: Yes.  
17 MS. SINGER: Whatever.  
18 THE WITNESS: Pardon?  
19 MR. BERNICK: The answer -- the answer  
20 is yes.  
21 THE WITNESS: Okay. Okay. I was just  
22 finding out.  
23 BY MS. SINGER:  
24 Q Dr. Sackler, did you get concerns from

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1 like the word "alias." The alternative address  
2 that went into my mailbox, yes.  
3 Q Okay. And this is January 19th, 2002.  
4 Correct?  
5 A That's correct.  
6 Q And he writes in the middle of the page:  
7 "Nothing has changed much here in [REDACTED]."  
8 Is that -- do you know where he lives or  
9 worked?  
10 A That is -- that reminded me that that  
11 was where he practiced or lived or both. I don't  
12 recall.  
13 Q Okay. In what state, do you know?  
14 A Illinois.  
15 Q Okay. "Some items of interest include a  
16 \$12,000 remodeling project at the local pharmacy  
17 where I got my meds. Since this was apparently  
18 not necessary coming after another recent remodel,  
19 I asked them about it. The reason, OxyContin, and  
20 the need for new increased security measures.  
21 Last month I got some news from [REDACTED] youngest  
22 daughter who attends" --  
23 A Let's see. Oh, right. Got it.  
24 Q -- "who attends an exclusive private

1 friends about the nature of what you and Purdue  
2 were doing in distributing OxyContin?  
3 A I don't understand it. Could you  
4 rephrase it? Concern from friends.  
5 Q Did friends express concern to you about  
6 the impact of OxyContin?  
7 A I don't think -- I think this was --  
8 Q So I'm not asking you about the  
9 document. It's just a general question.  
10 A I don't recall.  
11 Q And I've shown you Exhibit 50. Do you  
12 recall [REDACTED]  
13 A I do.  
14 Q And who is he?  
15 A He was a friend I talked to  
16 occasionally. He wasn't a close friend. And he  
17 was just -- for your information, at that time he  
18 was working as an anesthesiologist, it says, in  
19 [REDACTED]. I wouldn't have remembered that.  
20 Q Okay. So he sent you an e-mail at your  
21 [REDACTED] e-mail address.  
22 A Right.  
23 Q Is that correct?  
24 A I didn't look -- notice the -- I don't

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1 high school. Somebody tried to sell her OxyContin  
2 in the halls of the school. I asked her what she  
3 shows about -- what she knew about OxyContin. I  
4 never discussed your company, et cetera, in her  
5 presence. Her reply: 'It's a designer drug, and  
6 sort of like heroin.' I hate to say this, but you  
7 could become the Pablo Escobar of the new  
8 millennium."  
9 Have I read that accurately?  
10 A You did read the words --  
11 Q And getting concerns like this from a  
12 friend in 2002 about a pharmacy taking security  
13 measures and a -- and a high school student being  
14 sold OxyContin, did that make you think you should  
15 change anything?  
16 A An N of 1? I was trained as a physician  
17 and as a -- and in my statistics, an N of 1 is  
18 called the index case, and it might alert you to  
19 look for more or be responsive to more. But I was  
20 trained not to chase what could be random events.  
21 In this case -- so the answer to your  
22 question is I don't think an N of 1 -- in this  
23 case, I was -- I believe there were programs in  
24 place to help pharmacies better their security,

1 and the -- the company was paying some of the  
2 costs or all of the costs. I don't remember.  
3 So the pharmacy piece, no. I think that  
4 was -- my best recollection is that we started  
5 addressing that before. I could be wrong. But  
6 that's what I think I recollect.

7 The last month, I got -- now, let me  
8 just reread what she -- he reported from his  
9 daughter.

10 (Peruses document.)

11 I was very sad to see this. But by this  
12 time we knew -- that's why we put in programs  
13 aimed at high school students. We knew that there  
14 was a risk that they'd be presented with  
15 OxyContin, illegally presented with OxyContin.

16 And we had programs in place, I believe -- my  
17 recollection is vague -- to try to mitigate this.

18 And -- okay. The only thing here that  
19 departs from my understanding, that she thought it  
20 was an illicit designer drug, sort of like heroin.  
21 I don't remember if I had ever seen that confusion  
22 before. I don't think it makes a difference. She  
23 thought, I guess, it was illicitly produced.

24 Q So, Dr. Sackler, as you sit here now

1 crisis was unfolding, not in hindsight. But yet  
2 you didn't -- you didn't take those steps, even  
3 those that were suggested to you at the time.  
4 Isn't that right?

5 A I --

6 MR. BERNICK: Objection to form --

7 THE WITNESS: I don't know --

8 MR. BERNICK: Foundation, assumes facts.

9 THE WITNESS: I don't recall if that  
10 broad statement is correct. I -- let me explain.  
11 DEA -- I didn't recognize the name, and DEA  
12 administrator just tells me it's somebody who's an  
13 administrator in the DEA. Finally, we were  
14 working with the DEA intensively, and I don't  
15 know, but perhaps other people in the DEA gave us  
16 some guidance about this testimony. I just don't  
17 know. So, I have no recollection of that hearing  
18 or the testimony.

19 And in -- in terms of Blumen -- Dr. --  
20 I shouldn't -- General Blumenthal, now Senator  
21 Blumenthal, I don't have a judgment of whether we  
22 should have or whether we were taking other steps  
23 that would cover those issues. I just don't  
24 remember. I don't remember if we followed any of

1 today, with all of the programs Purdue did, do you  
2 believe that Purdue did everything it should have  
3 and could have to stop the addiction, abuse and  
4 overdose to OxyContin?

5 A Everything it should have?

6 Q And could have done.

7 A Different question. So let me parse  
8 it --

9 Q Fair enough. Did you do everything you  
10 should have?

11 A I believe we exceeded any reasonable  
12 expectation framed by the history of what over the  
13 years pharmaceutical companies have done to curb  
14 drug abuse. I think we went way beyond.

15 The "should have," as I've testified  
16 before, with hindsight, every -- everything can be  
17 improved. But, unfortunately, none of us are  
18 given a clear vision of the future, nor even  
19 knowledge or conviction of the future.

20 Q But, Dr. Sackler, it's not -- I mean  
21 what we've talked about today is the requests and  
22 suggestions from the DEA Administrator and the  
23 Attorney General of Connecticut who laid out very  
24 specific questions as the time -- at the time this

1 these or adapted them. I don't -- I don't recall.  
2 BY MS. SINGER:

3 Q Would you agree at least that it was  
4 Purdue's responsibility to take a serious look at  
5 those suggestions?

6 A I believe -- my -- we had an entire  
7 professional group, compliance people, attorneys,  
8 regulatory people, medical people, and  
9 pharmaceutical research people, and I believe they  
10 looked at those suggestions.

11 Q And --

12 A I -- I'm confident they did, because you  
13 wouldn't ignore -- although I didn't know the  
14 administrator's role and what position he had, you  
15 certainly know that an Attorney General's -- and  
16 I'm sure we engaged him in discussions, but I have  
17 no recollection of where it led.

18 Q And so I think you were starting to say  
19 that -- that the staff you had would not have  
20 ignored suggestions from the DEA or the Attorney  
21 General. Correct?

22 A I -- we wouldn't have ignored them, but  
23 it may have been contradictory in the DEA to  
24 discussions we were having. I don't know. And if

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1 they were contradictory, and if the people we were  
2 working with were senior to him, I think it's less  
3 likely we would have -- we might have even been  
4 told, ignore it, this is his hobby or something.  
5 I don't know. I have no recollection.  
6 So I can't agree with your hypothetical.  
7 I know we -- I recall we did have discussions. I  
8 didn't, but the team did, a lot of discussions  
9 with General Blumenthal.  
10 MS. SINGER: Okay. Thank you. We can  
11 take a break.  
12 THE VIDEOGRAPHER: Going off the record  
13 at 12:07 p.m.  
14 (Lunch recess.)  
15 THE VIDEOGRAPHER: We're back on the  
16 record at 12:50 p.m.  
17 BY MS. SINGER:  
18 Q Dr. Sackler, is it fair to say that you  
19 have a great deal of contempt for people who abuse  
20 or become addicted to opioids?  
21 A Quite the contrary. I have thought for  
22 a very long time that people who are addicted to  
23 any -- any substance, whether it's alcohol or  
24 opiates, their -- their lives are damaged by the

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1 chain.  
2 The e-mail from you on February 1st,  
3 2001, you write: "Dear [REDACTED], thank you so much for  
4 your analysis and support. I agree 100 percent,  
5 but we will have to mobilize the millions that  
6 have serious pain and need our product. This we  
7 will try to do. Meanwhile, we have to hammer on  
8 the abusers in every way possible. They are the  
9 culprits and the problem. They are the reck- --  
10 they are reckless criminals."  
11 Have I read accurately what you wrote --  
12 A You have read --  
13 Q -- in February 2001?  
14 A You have read it accurately.  
15 (Sackler Exhibit No. 54 was marked  
16 for identification.)  
17 BY MS. SINGER:  
18 Q And then let's go to Exhibit 54.  
19 A I'm sorry.  
20 Q A new exhibit, Dr. Sackler.  
21 A No more questions about this?  
22 Q No.  
23 A 54. Okay.  
24 Q Now, this is an e-mail chain between

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1 addiction itself, and they often become addicted  
2 because they're in miserable circumstances. And  
3 that's my thought. And I feel bad that there are  
4 lots of miserable and/or depressed people.  
5 (Sackler Exhibit No. 53 was marked  
6 for identification.)  
7 BY MS. SINGER:  
8 Q Let me show you Exhibit 53.  
9 This is an e-mail from you to  
10 [REDACTED] and [REDACTED] correct?  
11 A That is [REDACTED] was his -- as  
12 far as I know, his solely owned company.  
13 Q And this is the same [REDACTED] with  
14 whom you were e-mailing earlier about the Pablo  
15 Escobar comparison.  
16 A I don't --  
17 MR. BERNICK: Object -- objection to the  
18 form of the question.  
19 BY MS. SINGER:  
20 Q He's the same [REDACTED] you were  
21 e-mailing with before. Correct?  
22 A Same one, yes.  
23 Q Okay. So here there's an e-mail to you  
24 about -- I'm sorry. Let's start at the top of the

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1 you, Dr. Sackler, and [REDACTED]. Is that  
2 correct?  
3 A Mm-hmm.  
4 Q And it's also dated in 2001, correct?  
5 A The end of the chain timewise was 2001.  
6 I haven't spotted it in everything else, but --  
7 Q Okay. The whole e-mail is 2001,  
8 correct?  
9 A Yes.  
10 Q And let's go to page 2 of this e-mail.  
11 It's an e-mail from you to [REDACTED], and you  
12 say towards the bottom of the page: "I would like  
13 to try an argument on you. I believe that the  
14 media has nefariously cast the criminal drug  
15 abuser" --  
16 A I'm sorry. Is this what I wrote or what  
17 he --  
18 Q It's what you wrote.  
19 A Okay.  
20 Q "I believe the" --  
21 MR. BERNICK: Wait, wait, wait. He's in  
22 a different -- she's in a different place.  
23 THE WITNESS: Oh, okay. Sorry. Oh,  
24 okay, something from me. So it could be this.

1 Oh, I see it. Thank you.

2 BY MS. SINGER:

3 Q Sure. "I believe that the media has

4 nefariously cast the criminal drug abuser as a

5 victim instead of victimizer. They are criminals,

6 and they engage in it with full criminal intent.

7 Why should they be entitled to our sympathies?"

8 Have I accurately read what you wrote in

9 2001?

10 A Mm-hmm.

11 MR. BERNICK: Respond orally.

12 THE WITNESS: You read it -- you read it

13 correctly.

14 BY MS. SINGER:

15 Q And then in the first page,

16 [REDACTED] refers to you. Right under his

17 signature, he says -- I'm sorry, right above his

18 signature: "We differ mightily on this subject.

19 I'm surprised. I don't like drug abusers, but

20 their," quote, "full criminal intent," close

21 quote, "is driven not by greed or hatred but by a

22 powerful addiction. I bet any sum of money the

23 vast majority of abusers don't want to be

24 addicts."

1 there?

2 A You did.

3 Q Now, despite the lack of compassion in

4 these e-mails, you have actually sought to make

5 money off of treating addiction; is that correct?

6 MR. BERNICK: Objection. Move to strike

7 the prefatory statement.

8 THE WITNESS: Could you --

9 MR. BERNICK: A motion -- Your Honor, I

10 would like to ask you to rule on that motion.

11 SPECIAL MASTER COHEN: I'm not going to

12 strike it, but I would urge counsel to just ask a

13 question. The --

14 BY MS. SINGER:

15 Q Dr. Sack- --

16 SPECIAL MASTER COHEN: -- jury

17 eventually will be making its own conclusion

18 regarding the evidence.

19 BY MS. SINGER:

20 Q Dr. Sackler, you do hold patents for

21 opioid addiction treatment drugs. Is that not

22 true?

23 A I have participated in -- I don't -- the

24 only one I remember is the buprenorphine patent

1 Have I accurately read what he wrote to

2 you?

3 A I have to -- okay. Okay.

4 Q Do you see where I'm reading,

5 Dr. Sackler?

6 A I'm -- I'm just rereading it. Okay.

7 It's very short, so --

8 Q Yes. So have I accurately read what he

9 wrote to you?

10 A We -- oh, the last paragraph.

11 Q Yes.

12 A I was reading the whole thing.

13 (Peruses document.)

14 Q Are you caught up?

15 A Yes.

16 Q Okay.

17 A You read it correctly.

18 Q And then at the top, you write back to

19 him, above your signature line: "Don't make the

20 bet. When we talk I'll tell you something that

21 will totally revise your belief that addicts don't

22 want to be addicted. It's factually untrue. They

23 get themselves addicted over and over again."

24 Have I accurately read what you wrote

1 that came under scrutiny. It was filed in, I

2 think, 2000 -- somewhere in the early 2000s, about

3 10 years or more before it issued. So I didn't --

4 when I first saw it, I didn't remember it, but I

5 did read about it.

6 Q Okay.

7 A And at that time the company was -- came

8 up with a project, and my contribution was the

9 idea of the fast-dissolving wafer, and I shared it

10 as I -- as was something I did many times. And

11 the company liked the idea, but -- but I have

12 extolled after this surfaced in the media, to the

13 fact we didn't -- the company did not develop it.

14 MR. BERNICK: What?

15 THE VIDEOGRAPHER: There's nothing up.

16 MR. BERNICK: No?

17 MS. SINGER: I'm sorry?

18 THE VIDEOGRAPHER: I'm saying there is

19 nothing up.

20 MS. SINGER: Okay.

21 THE WITNESS: Okay.

22 MR. BERNICK: I'm talking about the

23 live --

24 MS. SINGER: Do we need to go off the

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1 record, because we're burning time?  
 2 MR. BERNICK: Oh, I'm sorry.  
 3 MS. SINGER: That's okay.  
 4 MR. BERNICK: Sorry.  
 5 (Sackler Exhibit No. 55 was marked  
 6 for identification.)  
 7 BY MS. SINGER:  
 8 Q Then I'm going to show you Exhibit 55,  
 9 Dr. Sackler.  
 10 Do you recognize this as a patent you  
 11 hold for buprenorphine?  
 12 A I don't hold it.  
 13 Q I'm sorry, you're right. You're one of  
 14 the inventors?  
 15 A I'm one of the inventors. One of the --  
 16 one, two, three, four, five -- six, yes.  
 17 Q Okay. And let's turn to page 625 B2.  
 18 A Here, 625?  
 19 Q Yep.  
 20 A Oh, I found that in the top.  
 21 Q It's column number 1.  
 22 A Yeah, B2. Yes.  
 23 Q Okay. Column 1. Do you see "Background  
 24 of the invention"? So 625 B2.

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Page 372

Highly Confidential - Subject to Further Confidentiality Review

1 always been known" -- do you see where I am?  
 2 A Mm-hmm.  
 3 Q "While opioids have always been known to  
 4 be useful in pain treatment, they also display an  
 5 addictive potential in view of their euphorigenic  
 6 activity. Thus, if opioids are taken by healthy  
 7 human subjects with a drug-seeking behavior, they  
 8 may lead to psychological as well as physical  
 9 dependence."  
 10 Have I read that accurately?  
 11 A I think you have.  
 12 Q Okay. We'll move on from that one.  
 13 Do you recall who currently holds these  
 14 patents -- I'm sorry, this patent?  
 15 A A company, but I don't know which  
 16 company holds it.  
 17 Q And -- never mind. Let's turn now to --  
 18 sorry. Withdrawn too.  
 19 Now, you said earlier that Purdue did  
 20 everything it should have to address abuse of its  
 21 opioid products.  
 22 Have I characterized that correctly?  
 23 Perhaps more than it should have.  
 24 A I think that's close to what I tried to

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Page 374

Highly Confidential - Subject to Further Confidentiality Review

1 A Background -- I'm a slow reader. I'm  
 2 sorry.  
 3 Q That's okay.  
 4 A On this column, I don't see it. So I  
 5 need some help. What is the background?  
 6 Q Do you see -- I'm on this page.  
 7 A On the right side? Oh, I was on the --  
 8 Q On this page.  
 9 A Oh, okay. This page. This page  
 10 (indicating)?  
 11 MR. BERNICK: Over -- yeah, whatever.  
 12 BY MS. SINGER:  
 13 Q No, one more.  
 14 A Thank you.  
 15 Q Here, I'm going to give it to you and  
 16 point in the right direction.  
 17 A Mm-hmm. Thank you.  
 18 Q This page.  
 19 A That page. Okay. Okay, thank you.  
 20 Q You get.  
 21 Under the column, "Background of the  
 22 invention" --  
 23 A Yes.  
 24 Q -- third paragraph: "While opioids have

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Page 373

Highly Confidential - Subject to Further Confidentiality Review

1 communicate, yes.  
 2 Q Isn't it a fact, Dr. Sackler, that in  
 3 2007, Purdue Frederick pled guilty for unlawful  
 4 marketing that encouraged the overuse and misuse  
 5 of OxyContin?  
 6 MR. BERNICK: Objection to the  
 7 characterization, assumes facts, and lack of  
 8 foundation.  
 9 THE WITNESS: I -- just refresh the  
 10 question, please, or -- or --  
 11 BY MS. SINGER:  
 12 Q Isn't it a fact, Dr. Sackler, that in  
 13 2007, Purdue Frederick pled guilty for unlawful  
 14 marketing that encouraged the overuse and misuse  
 15 of OxyContin?  
 16 A I --  
 17 MR. BERNICK: Lack of foundation,  
 18 assumes facts.  
 19 THE WITNESS: The -- I don't remember  
 20 the plea well enough. I remember that we pleaded  
 21 guilty -- the company pleaded guilty. I remember  
 22 that there were departures on the part of some  
 23 salespeople from the package insert that we  
 24 accepted was wrong and sanctionable.

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Page 375



1 I don't remember, I'm sorry, the last  
 2 phrase you appended to it. That I don't recall.  
 3 BY MS. SINGER:  
 4 Q Okay. Isn't it a fact, Dr. Sackler,  
 5 that the company paid \$600 million for its  
 6 violations of the law?  
 7 A I don't remember the precise amount, but  
 8 I don't contradict what you've said. It could  
 9 have been that.  
 10 Q And that the CEO, general counsel and  
 11 chief scientific officer personally pled guilty as  
 12 well?  
 13 A Yes.  
 14 Q And are you familiar with the Agreed  
 15 Statement of Facts that Purdue -- Purdue signed in  
 16 the course of this plea?  
 17 A I am -- I wouldn't use the word  
 18 "familiar." I haven't committed it to memory.  
 19 But if you have some questions on it, I'll answer  
 20 that.  
 21 (Sackler Exhibit No. 56 was marked  
 22 for identification.)  
 23 BY MS. SINGER:  
 24 Q So I'm going to show you -- I'm sorry,

1 did I cut you off?  
 2 A No, no. That's fine.  
 3 Q -- Exhibit 56.  
 4 Do you recognize 56 to be the Agreed  
 5 Statement of Facts?  
 6 A I don't have, as I said, a clear  
 7 recollection, but I will accept that if you tell  
 8 me it is, I have no reason to contradict you.  
 9 Q Okay. Let's turn to page 4 --  
 10 A Four.  
 11 Q -- which is Bates number 038.  
 12 A Okay.  
 13 Q Paragraph 14.  
 14 A Yes, I'm there with you.  
 15 Q The first sentence of that paragraph.  
 16 Isn't it a fact that the NDA, the new drug  
 17 application, did not claim that OxyContin was  
 18 safer or more effective than immediate release  
 19 oxycodone or other pain medications, and Purdue  
 20 did not have and did not provide the FDA with any  
 21 clinical studies demonstrating that OxyContin was  
 22 less addictive, less subject to abuse and  
 23 diversion, or less likely to cause tolerance and  
 24 withdrawal than other pain medications?

1 A Now, your question, the operative word  
 2 of your question is -- is it true that this is  
 3 true?  
 4 Q That that's what Purdue Frederick did.  
 5 A I can't testify that Purdue Frederick  
 6 did this, but I certainly understand that that is  
 7 what they -- this was included in the -- in the  
 8 agreement, and we were told that we can't really  
 9 deny it. But I have no reason to deny it because  
 10 I don't have a detailed understanding of who did  
 11 what. So --  
 12 Q And did --  
 13 A -- the answer to your question, which is  
 14 what you're looking for, is I will take this as  
 15 true. I don't remember it well enough to validate  
 16 that answer, but I -- given what I just said,  
 17 let's move on. Yes, that's --  
 18 Q Let's move on?  
 19 A Well, let's -- well, let's move on. I'm  
 20 not -- I'm trying to be helpful to you, as helpful  
 21 as I can be --  
 22 Q I appreciate that.  
 23 A -- and be precise.  
 24

1 [REDACTED]  
 2 [REDACTED]  
 3 [REDACTED]  
 4 [REDACTED]  
 5 [REDACTED]  
 6 [REDACTED]  
 7 [REDACTED]  
 8 [REDACTED]  
 9 [REDACTED]  
 10 [REDACTED]  
 11 [REDACTED]  
 12 [REDACTED]  
 13 [REDACTED]  
 14 [REDACTED]  
 15 [REDACTED]  
 16 [REDACTED]  
 17 [REDACTED]  
 18 [REDACTED]  
 19 [REDACTED]  
 20 [REDACTED]  
 21 [REDACTED]  
 22 BY MS. SINGER:  
 23 Q Let's move to paragraph 19.  
 24 MR. BERNICK: It was disclosed without

1 the corporate or individual intent to waive.  
 2 BY MS. SINGER:  
 3 Q Paragraph 19, Dr. Sackler, on the next  
 4 page, "Misbranding of OxyContin."  
 5 A Yes.  
 6 Q I'm sorry. Let's move to paragraph 20  
 7 on the following page. Page number 6 of 16, Bates  
 8 number 040.  
 9 A Yes.  
 10 Q Isn't it true that Purdue trained sales  
 11 representatives and told some healthcare providers  
 12 that it was more difficult to extract the  
 13 oxycodone from an OxyContin tablet for the purpose  
 14 of intravenous abuse, although Purdue's own study  
 15 showed that a drug abuser could extract  
 16 approximately 68 percent of the oxycodone from a  
 17 single 10 milligram OxyContin tablet by crushing  
 18 the tablet, stirring it in water, and drawing the  
 19 solution through cotton into a syringe?  
 20 MR. BERNICK: Objection. Lack of  
 21 foundation.  
 22 BY MS. SINGER:  
 23 Q Did you acknowledge that as true,  
 24 Dr. Sackler?

1 A I was told, as I said --  
 2 MR. BERNICK: No.  
 3 MR. CHEFFO: I'm going to --  
 4 THE WITNESS: Okay.  
 5 MR. BERNICK: Yeah, this is --  
 6 THE WITNESS: I can't --  
 7 MR. BERNICK: You can't talk about what  
 8 was --  
 9 THE WITNESS: Okay. I don't know the  
 10 answer -- I can't validate that this is true or  
 11 not true. I have no reason -- I don't have -- I  
 12 shouldn't say no reason. I don't have a reason  
 13 that would cause me to contradict this.  
 14 BY MS. SINGER:  
 15 Q Okay. And do you have reason to  
 16 contradict that Purdue told sales representatives  
 17 they could tell healthcare providers that  
 18 OxyContin potentially creates less chance for  
 19 addiction than immediate release opioids?  
 20 A I -- this entire document I did not  
 21 validate, so I don't know if it's true or not, but  
 22 I can't -- I have -- I don't have contrary  
 23 knowledge either.  
 24 Q And, Dr. Sackler, do you not recall

1 whether Purdue told doctors that OxyContin didn't  
 2 cause a buzz or euphoria at paragraph E?  
 3 MR. BERNICK: Objection. Lack of  
 4 foundation.  
 5 BY MS. SINGER:  
 6 Q Or that it could be used to weed out  
 7 addicts and drug seekers?  
 8 MR. BERNICK: Same objection.  
 9 BY MS. SINGER:  
 10 Q Did Purdue acknowledge that to be true  
 11 in this statement of facts?  
 12 A Purdue acknowledged this to be true.  
 13 MS. SINGER: All right. Can we go off  
 14 the record. We're going to change questioners.  
 15 THE VIDEOGRAPHER: Going off the  
 16 record --  
 17 THE WITNESS: I'll miss you.  
 18 THE VIDEOGRAPHER: -- at 1:10 p.m.  
 19 (Recess.)  
 20 THE VIDEOGRAPHER: We are back on the  
 21 record at 1:14 p.m.  
 22 EXAMINATION  
 23 BY MR. HANLY:  
 24 Q Good afternoon.

1 A Good afternoon.  
 2 Q Dr. Sackler, you have resided in the  
 3 Northeast for the majority of your professional  
 4 career. True?  
 5 A Yes.  
 6 Q In the Connecticut area, true?  
 7 A Probably more in Connecticut than New  
 8 York, which I also resided in for a long time.  
 9 Q Okay. So as a resident of the Northeast  
 10 for that period of time, you, fortunately or  
 11 unfortunately, had experience from time to time  
 12 with winter blizzards. True?  
 13 A Yes.  
 14 Q And we can all agree, can we not, that,  
 15 generally speaking, blizzards kill people,  
 16 animals?  
 17 A I'm sorry. Kill people?  
 18 Q Yes.  
 19 A I don't know if blizzards kill people.  
 20 I think that would be unusual, but I don't know it  
 21 to be the case.  
 22 Q All right. Let's mark as the next  
 23 exhibit --  
 24 MR. HANLY: What number are we on?

1 MS. CONROY: 57.  
 2 (Sackler Exhibit No. 57 was marked  
 3 for identification.)  
 4 MR. HANLY: No, Mr. Bernick has the  
 5 exhibit.  
 6 THE WITNESS: Oh.  
 7 MR. BERNICK: He just gave us an extra  
 8 copy.  
 9 THE WITNESS: Okay.  
 10 BY MR. HANLY:  
 11 Q So Exhibit 57, for the record, is just a  
 12 printout that we created when we typed in to  
 13 Google the words "blizzard" and "kill."  
 14 And if you look on the second page, do  
 15 you see a list there by date of various blizzards,  
 16 stories about various blizzards that have  
 17 occurred?  
 18 MR. BERNICK: Move to strike the  
 19 prefatory statement by counsel.  
 20 BY MR. HANLY:  
 21 Q Do you see that list there, Doctor?  
 22 A I see a list.  
 23 Q Right. And -- and each one of the  
 24 summaries starting in 1898 and ending in 2011

1 Q And you were the president of Purdue  
 2 Pharma Inc. at that time?  
 3 MR. BERNICK: Objection. Lack of  
 4 foundation.  
 5 BY MR. HANLY:  
 6 Q True?  
 7 A 1996, I don't think so.  
 8 Q Okay. By the way, Purdue Pharma Inc.,  
 9 that's the general partner of Purdue Pharma LP,  
 10 true?  
 11 A That's my understanding, yes.  
 12 Q And Purdue Pharma Inc. had a board of  
 13 directors, true?  
 14 A It did.  
 15 Q And you sat on that board, true?  
 16 A Yes.  
 17 Q Now, at some point in 1996 -- withdrawn.  
 18 OxyContin was approved by the FDA on  
 19 December the 12th, 1995. True?  
 20 A I can't remember the exact date, but  
 21 that's approximate -- to my memory, that is  
 22 approximately correct.  
 23 Q And a few weeks after that, there  
 24 occurred the Blizzard of 1996 in the early days of

1 indicates that in those blizzards folks were  
 2 killed. True?  
 3 A I'd have to read through it because I've  
 4 never thought of that. But you're asking --  
 5 MR. BERNICK: Just take -- just take  
 6 your time, unless he wants to point you to  
 7 something.  
 8 BY MR. HANLY:  
 9 Q Well, let's -- let's look at 1996. Do  
 10 you see 1996, sort of two-thirds of the way down  
 11 the page?  
 12 A I haven't gotten to it yet.  
 13 Ah, yes, I do. This is not  
 14 chronological. I assumed it was.  
 15 Q Yes. And you see there it states:  
 16 "January 6 to 8, eastern U.S., heavy snow," et  
 17 cetera, and then it states 187 were killed in the  
 18 blizzard?  
 19 A That's what it reads.  
 20 Q Do you recall the Blizzard of 1996, sir?  
 21 A I did.  
 22 Q You were in this part of the country at  
 23 that time?  
 24 A I was in the New York area. Yes.

1 January 1996, true?  
 2 A Well, that's what it says here, January  
 3 6 to 8. I don't remember the days.  
 4 Q Okay. Now, you used the Blizzard of  
 5 1996 in a kind of allegorical speech that you gave  
 6 to Purdue employees later in 1996, true?  
 7 MR. BERNICK: Objection to the form of  
 8 the question.  
 9 THE WITNESS: I don't remember the date,  
 10 but that's a matter of record.  
 11 MR. HANLY: Okay. David, could you put  
 12 Exhibit 33 in front of him, which is the one  
 13 you've got right there?  
 14 MR. BERNICK: Absolutely.  
 15 There you go.  
 16 THE WITNESS: Okay.  
 17 BY MR. HANLY:  
 18 Q Now, Exhibit 33, Doctor, is the text of  
 19 a speech that you apparently gave at the national  
 20 launch meeting.  
 21 That would have been the national launch  
 22 meeting for OxyContin, true?  
 23 MR. BERNICK: The copy that's on the  
 24 screen doesn't match the exhibit.

1 THE WITNESS: It matches this. Oh, it  
 2 doesn't? Okay. It looks similar.  
 3 MR. BERNICK: It's got handwriting on  
 4 it.  
 5 MR. HANLY: Which one?  
 6 MR. BERNICK: On the screen.  
 7 THE WITNESS: Oh. Does it?  
 8 MS. CONROY: It has handwriting.  
 9 MR. HANLY: Okay. Well, let me see  
 10 the -- may I see the witness's?  
 11 Okay. Well, we'll just substitute --  
 12 MR. BERNICK: Well, why don't you use a  
 13 clean copy. I think I got a clean copy for you if  
 14 you want to use it.  
 15 MR. HANLY: Okay. Thank you.  
 16 MS. CONROY: These are Purdue's  
 17 writing --  
 18 MR. HANLY: Yeah. All right, that's  
 19 fine.  
 20 BY MR. HANLY:  
 21 Q Now, do you see that the first two pages  
 22 of the document appear to be the text of a speech  
 23 that you gave?  
 24 A Yes.

1 you have the second page there?  
 2 A (Indicating.)  
 3 Q Yeah, okay. So in the center you see  
 4 there's a black box with text in it. Right?  
 5 A Yes.  
 6 Q Okay. Now, what I'm interested in,  
 7 Doctor, is to the right of the black box, about  
 8 halfway down, do you see the paragraph that begins  
 9 "The significance of the Blizzard of '96"?  
 10 A Yes.  
 11 Q All right. So I'm going to read that.  
 12 It says: "The significance of the Blizzard of '96  
 13 is that the launch of OxyContin tablets will be  
 14 followed by a blizzard of prescriptions that will  
 15 bury the competition."  
 16 A I don't see that, but --  
 17 Q You don't see that?  
 18 MR. BERNICK: You're not --  
 19 THE WITNESS: Oh, here?  
 20 MR. BERNICK: No. No. It's over on  
 21 the --  
 22 THE WITNESS: On that side. Oh, okay.  
 23 MR. BERNICK: On that side, right there.  
 24 THE WITNESS: Yes. Okay.

1 Q All right. And this begins: "For  
 2 millennia, humans knew that great changes in the  
 3 fortunes of civilizations and enterprises are  
 4 heralded by cataclysms in geology and weather.  
 5 Eclipses, earthquakes, volcanos, hurricanes and  
 6 blizzards have each preceded such change --  
 7 changes, and each upheaval has had its  
 8 significance and meaning."  
 9 Did I read that correctly?  
 10 A You did.  
 11 Q And that was a part of your speech,  
 12 true?  
 13 A Yes.  
 14 Q All right. And then it goes on, if you  
 15 skip down over the next paragraph to the paragraph  
 16 that begins "The Blizzard of '96."  
 17 A All right.  
 18 Q Reads: "The Blizzard of '96, coming  
 19 less than four years before the change of the  
 20 millennium, is without doubt an omen of change."  
 21 Did I read that correctly?  
 22 A You read what it says here.  
 23 Q All right. Now, if you turn to the  
 24 second page of exhibit -- of this exhibit -- do

1 BY MR. HANLY:  
 2 Q Let me start -- let me start again.  
 3 A Okay.  
 4 Q Do you see the --  
 5 A Yes, I do see -- now I see it.  
 6 Q "The significance," do you see that?  
 7 A "The significance of the Blizzard of  
 8 '96."  
 9 Q All right. So continuing --  
 10 A Yes.  
 11 Q -- in that paragraph, it reads in part:  
 12 "The launch of OxyContin tablets will be followed  
 13 by a blizzard of prescriptions that will bury the  
 14 competition. The prescription blizzard will be so  
 15 deep, dense and white that you will never see  
 16 their white flag. Commerce in competitive  
 17 products will come to a halt. On advice of the  
 18 law department, let me amend that. Commerce in  
 19 competitive products will come to a virtual halt."  
 20 Did I read that correctly?  
 21 A You read it correctly.  
 22 Q And that was a part of your speech, was  
 23 it not?  
 24 A Yes. It was in the speech. This was --

1 I'd like to add, this was an after-dinner speech.  
 2 And the Blizzard of '96 -- I can't remember when  
 3 we actually met, and I was surprised it was that  
 4 early, but maybe it was -- was memorable because I  
 5 and some other executives were on planes, more  
 6 than one, flying to this meeting. When we arrived  
 7 at the airport, the plane -- all our flights were  
 8 delayed. We waited hours and hours, and  
 9 eventually they closed the airports in New York.  
 10 I don't remember the date.  
 11 Q Okay. But you do recall giving a speech  
 12 in Arizona?  
 13 A Yes.  
 14 Q And you don't deny that you spoke these  
 15 words that I just read, true?  
 16 A That is correct.  
 17 Q Okay. Now --  
 18 A But -- but it was an after-dinner  
 19 speech.  
 20 Q Right, you already made that point,  
 21 Doctor.  
 22 A Right.  
 23 Q So I'd like to move on.  
 24 Now, after the Blizzard of 1996, which I

1 finished with that.  
 2 A Oh.  
 3 Q Let me start again.  
 4 Can we agree that the potency  
 5 relationship between morphine and oxycodone is  
 6 believed -- generally accepted to be a 2-to-1  
 7 ratio such that oxycodone is twice as powerful as  
 8 morphine?  
 9 A We believe, and I still believe, that it  
 10 is approximately, on average, twice as potent as  
 11 morphine.  
 12 Q And you and your company were in the  
 13 year 1996 engaged in a scheme to persuade  
 14 physicians that indeed morphine was more powerful  
 15 than oxycodone. True?  
 16 MR. CHEFFO: Object to form.  
 17 THE WITNESS: Untrue.  
 18 MR. HANLY: Let's mark as the next  
 19 exhibit --  
 20 THE WITNESS: I wish I could ask you  
 21 questions.  
 22 MR. BERNICK: No, no, no.  
 23 THE WITNESS: I'm trying to lighten --  
 24 MR. BERNICK: You can ask him all you

1 represent to you was in the early days of January  
 2 1996, there was indeed a blizzard of prescriptions  
 3 written for OxyContin. Isn't that true?  
 4 MR. BERNICK: Object to form.  
 5 THE WITNESS: I would not describe it  
 6 that way.  
 7 BY MR. HANLY:  
 8 Q The number of prescriptions for  
 9 OxyContin increased throughout the year 1996.  
 10 True?  
 11 A It was a successful product launch. I  
 12 don't remember whether they increased throughout  
 13 the year. I don't have the numbers in front of me  
 14 or in my mind.  
 15 Q Did you ever make any computation or  
 16 attempt to determine the number of deaths  
 17 resulting from the blizzard of prescriptions of  
 18 OxyContin in the year 1996 or thereafter?  
 19 MR. BERNICK: Objection. Assumes facts.  
 20 MR. CHEFFO: Objection.  
 21 THE WITNESS: I don't recall.  
 22 BY MR. HANLY:  
 23 Q Could we agree, Doctor, that the  
 24 relationship between morphine and oxycodone -- I'm

1 want after the deposition is over.  
 2 THE WITNESS: -- to lighten the -- no, I  
 3 wasn't going to --  
 4 MR. BERNICK: No, no, no, let's save it.  
 5 THE WITNESS: Okay. I would be happy to  
 6 do that if you want.  
 7 (Sackler Exhibit No. 58 was marked  
 8 for identification.)  
 9 BY MR. HANLY:  
 10 Q All right. Now, Doctor, I've placed  
 11 before you a two-page document that appears to be  
 12 an e-mail from you at the top. Do you see that?  
 13 A Yes.  
 14 Q To Michael Friedman. And below that is  
 15 a rather long e-mail from Michael Friedman.  
 16 A Yes.  
 17 Q Do you see that?  
 18 A Yes.  
 19 Q Okay. Now, directing your attention to  
 20 the second paragraph in the Michael Friedman  
 21 e-mail, it reads as follows -- are you on that --  
 22 are you with me there?  
 23 A Yes.  
 24 Q Do you see the words "We are well



1 aware"?

2 A Yep.

3 Q Okay. So there it reads: "We are well

4 aware of the view, held by many physicians, that

5 oxycodone is weaker than morphine."

6 Did I read that correctly?

7 A You did.

8 Q Now, you and I can agree, can we not,

9 Doctor, that that statement, "oxycodone is weaker

10 than morphine," that part of the statement is

11 scientifically false? We just -- we just agreed

12 on that, right?

13 MR. BERNICK: Objection to the form of

14 the question.

15 BY MR. HANLY:

16 Q That oxycodone is in fact twice as

17 powerful as morphine. Right?

18 A It is -- of course, we agree that when

19 you switch a patient from morphine to oxycodone,

20 you will cut the dose milligram in half.

21 I didn't read carefully enough, because

22 when he said weaker, I was thinking of the

23 associations and the profile -- relative profiles

24 of morphine and oxycodone. And I wish I had made

1 their association of oxycodone with less serious

2 pain syndromes."

3 And then at the end of that paragraph,

4 the last sentence reads: "This personality,"

5 un -- quote/unquote, "'personality' of oxycodone

6 is an integral part of the," quote,

7 "'personality,'" unquote, "of OxyContin."

8 Did I read that correctly?

9 A You did.

10 Q Okay. Now, further on down -- let's

11 see, this would be the -- one, two, three --

12 fourth paragraph, you say -- Mr. Friedman says:

13 "Our pricing of the product was geared toward the

14 non-malignant market. We knew that if we priced

15 low per milligram for the high-dose cancer

16 patient, we would be priced way too low (per

17 milligram) for the," quote, "'standard,'" unquote,

18 "non-malignant pain patient, where we really

19 wanted to make a market. We feared that the,"

20 quote, "'cancer pain experts,'" unquote, "would

21 object to the 2:1 ratio and resulting cost of

22 therapy for high dose patients, however, we had no

23 choice, given our chosen position for OxyContin.

24 In any case, we are developing a hydromorphone OD

1 that clearer in my response, which was very brief

2 and was just -- I wish I just said, Michael, this

3 is your call.

4 Q It seems to me, Doctor, and correct me

5 if I'm wrong, that you're quite familiar with this

6 document. Is that because it's a document you

7 reviewed in -- in preparation for your testimony

8 here today?

9 THE WITNESS: Am I supposed to answer

10 that?

11 I have reason that it was familiar,

12 because I testified on this document in Kentucky.

13 MR. BERNICK: So, I think he's answered

14 your question.

15 THE WITNESS: That's why it's familiar.

16 BY MR. HANLY:

17 Q Well, you said, "I have reason that" --

18 ah -- "because I testified in Kentucky."

19 A Right. Not that long ago.

20 Q Okay. In any case, what we were looking

21 at was Mr. Friedman's e-mail to you in which he

22 says: "We are well aware of the view, held by

23 many physicians, that oxycodone is weaker than

24 morphine. We all know that this is the result of

1 for the high dose patient."

2 Did I read that correctly?

3 A Yes. You read what is -- what is

4 written on this page correctly.

5 Q Right. And then in the next paragraph,

6 the last full paragraph on that page, the second

7 sentence reads: "Doctors use the drug in

8 non-malignant pain because it is effective and

9 the," quote, "'personality,'" unquote, "of

10 OxyContin is less threatening to them, and their

11 patients, than that of the morphine alternatives."

12 Did I read that correctly?

13 A You did.

14 Q And then further down in that paragraph,

15 do you see a sentence that begins "While we

16 might"?

17 A Yes.

18 Q So that reads: "While we might wish to

19 see more of this product sold for cancer pain, it

20 would be extremely dangerous, at this early stage

21 in the life of this product, to tamper with this,"

22 quote, "'personality,'" unquote, "to make

23 physicians think the drug is stronger or equal to

24 morphine."

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1 A Yes --  
2 Q Right?  
3 A -- I see that. No, I don't agree with  
4 it, but --  
5 Q Well, we'll get to that, Doctor.  
6 A Okay.  
7 Q And the last sentence on that paragraph  
8 says: "We are better off expanding use of  
9 OxyContin in the non-malignant pain states and  
10 waiting for hydromorphone OD in 1999 to relaunch  
11 into cancers -- cancer pain."  
12 Did I read that correctly?  
13 A I believe you did.  
14 Q Right. And then if you turn to the next  
15 page, top of the page, it reads, does it not:  
16 "For the time being I" -- that's Michael  
17 Friedman -- "do not plan to try to change the,"  
18 quote, "'personality,'" unquote, "of OxyContin.  
19 We will continue to FOCUS," all caps, "on  
20 expanding the non-malignant pain usage. In this  
21 group of patients, morphine is not an alternative  
22 and the price is correct."  
23 Did I read that correctly?  
24 A You read what is here on the page.

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Page 400

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1 (Sackler Exhibit No. 59 was marked  
2 for identification.)  
3 BY MR. HANLY:  
4 Q -- another e-mail chain.  
5 I'm finished with that, Doctor. Thank  
6 you very much.  
7 MR. HANLY: David, would you put the  
8 exhibit before the witness?  
9 MR. BERNICK: Oh, yes. Sorry.  
10 BY MR. HANLY:  
11 Q Now, here is an e-mail chain a little  
12 later in 1997, June 12th, between you, Dr. Richard  
13 Sackler, and Michael Friedman.  
14 Do you see that, Doctor?  
15 A Yes.  
16 Q Okay. Now, the big e-mail on that page  
17 appears to be written by someone named Michael  
18 Cullen.  
19 Do you see that? Do you see the top --  
20 A Yes.  
21 Q -- of the big e-mail? Okay.  
22 And that e-mail reads or in part reads:  
23 "In recent team meetings, we have discussed the  
24 issue that OxyContin is perceived by some

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Page 402

Highly Confidential - Subject to Further Confidentiality Review

1 Q Right. And you already told me you  
2 already looked at your response, which is at the  
3 top of the first page: "I agree with you. Is  
4 there general agreement or are there some  
5 holdouts?"  
6 That was your response in 1997 to this  
7 e-mail, true?  
8 A But you're misinterpreting it.  
9 Q Well, I didn't ask you about --  
10 A Yes, that is -- okay, fine.  
11 Q -- my intention.  
12 A Fine. That are the words I used.  
13 Q Right.  
14 A Yes.  
15 Q And that -- that's what you told  
16 Mr. Friedman -- by the way, was Mr. Friedman the  
17 CEO in 1997?  
18 A No.  
19 Q He was in what position at Purdue  
20 Pharma?  
21 A He was head of marketing and sales, I  
22 believe, at that point. And also head of  
23 corporate development.  
24 Q Okay. Let's mark as the next exhibit --

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Page 401

Highly Confidential - Subject to Further Confidentiality Review

1 physicians, particularly oncologists, as not being  
2 as strong as MS Contin."  
3 By the way, MS Contin is morphine  
4 sulfate continuous, correct?  
5 A Yes.  
6 Q "Although this perception has had some  
7 effect with patients switching to MS Contin" --  
8 sorry -- "physicians switching to MS Contin with  
9 more severe cancer pain patients, it has actually  
10 had a positive effect with physicians' use in  
11 non-cancer pain."  
12 Continuing: "Since oxycodone is  
13 perceived" --  
14 A Just a quick question. I want to see  
15 the sequence here. 5/28. 6/12. Okay.  
16 Q So a month later, right?  
17 A Whatever. Two weeks. I don't know. I  
18 didn't --  
19 Q Sorry, a few days.  
20 A I didn't calculate it. I saw it was  
21 meaningfully later, so it was in sequence, yes.  
22 Q Okay. So I read the first paragraph of  
23 Cullen's e-mail.  
24 A Yes.

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Page 403

Highly Confidential - Subject to Further Confidentiality Review

1 Q I want to continue, please. It reads:  
 2 "Since oxycodone is perceived as being a 'weaker'  
 3 opioid than morphine," -- "weaker" in  
 4 quotations -- "it has resulted -- resulted in  
 5 OxyContin being used much earlier for non-cancer  
 6 pain. Physicians are positioning this product  
 7 where Percocet, hydrocodone and Tylenol with  
 8 codeine have been traditionally used."  
 9 Did I read that correctly?  
 10 A You did.  
 11 Q Okay. And then the next paragraph  
 12 reads: "Since the non-cancer pain market is much  
 13 greater than the cancer pain market, it is  
 14 important that we allow this product to be  
 15 positioned where it currently is in the  
 16 physician's mind. If we stress the," quote,  
 17 "'Power of OxyContin,'" unquote, "versus morphine,  
 18 it may help us in the smaller cancer pain market,  
 19 but hurt us in the larger potential non-cancer  
 20 pain market. Some physicians may start  
 21 positioning this product where it -- where  
 22 morphine is used and wait until pain is severe  
 23 before using it."  
 24 Did I read that correctly?

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1 greater than the cancer pain," I read that into  
 2 the record.  
 3 A Yes. Okay.  
 4 Q Okay?  
 5 A I think you did, yes.  
 6 Q All right.  
 7 A I don't remember exactly the words you  
 8 used, but you haven't made a mistake yet. That's  
 9 fine.  
 10 Q And the second to last paragraph in that  
 11 big e-mail reads, does it not: "It is important  
 12 that we be careful not to change the perception of  
 13 physicians toward oxycodone when developing  
 14 promotional pieces, symposia, review articles,  
 15 studies, etc."  
 16 Did I read that correctly?  
 17 A Yes.  
 18 Q Promotional pieces, those are -- those  
 19 are marketing pieces, right?  
 20 A Yes. That --  
 21 Q Okay.  
 22 A -- conform to the package insert or  
 23 should always conform to it, I --  
 24 Q Should do so, correct?

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1 A Can I just -- I think you read it  
 2 correctly, but I'm not sure I am -- can -- are you  
 3 going to ask me what this means --  
 4 Q No.  
 5 A -- or not? You're just reading from the  
 6 e-mail. Okay.  
 7 Q Well, and I'm establishing, Doctor, am  
 8 I not, that you -- this was an e-mail chain that  
 9 you received and apparently are familiar with,  
 10 true?  
 11 MR. BERNICK: Objection to form. Move  
 12 to strike the prefatory statement.  
 13 THE WITNESS: I -- I'm not certain what  
 14 your purpose was or what you've done.  
 15 BY MR. HANLY:  
 16 Q Can you listen to my question, Doctor?  
 17 MR. BERNICK: I'm sorry. Please don't  
 18 interrupt him.  
 19 THE WITNESS: I'm sorry. I apologize if  
 20 I didn't listen to your question, so...  
 21 BY MR. HANLY:  
 22 Q Okay. So, my question is, did I read  
 23 that paragraph correctly? The paragraph that  
 24 begins "Since the non-cancer pain market is much

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1 A Yes. And I can't -- I don't remember  
 2 this marketing brochure, so I can't comment on it.  
 3 Q Okay. Now --  
 4 A Without seeing it. Okay.  
 5 Q Now -- now, you responded, and your  
 6 response is right there on the first page at the  
 7 very top.  
 8 A Right.  
 9 Q Right?  
 10 To Mr. Friedman, you said: "I think you  
 11 have this issue well in hand. If there are  
 12 developments, please let me know."  
 13 Did I read that correctly?  
 14 A Yes.  
 15 Q And that's what you told Mr. Friedman in  
 16 response to Mr. Cullen's e-mail back in June of  
 17 1997, true?  
 18 A That's what I wrote, but there -- this  
 19 is -- this whole thing is taken out of context.  
 20 Q Mm-hmm.  
 21 A One of the contexts I recall is that I  
 22 had noted that doctors, although oxycodone and,  
 23 thus, OxyContin was on what was then called -- I  
 24 don't know what it's called today -- the WHO pain

1 letter, in position 2, it sounds like that was  
2 what Michael Cullen was referring to, and probably  
3 I think Michael Friedman, too, was on step 2 and  
4 step 3. It was for moderate pain and severe pain.  
5 I had raised the question, What can we  
6 do to -- well, why aren't we selling more to  
7 oncologists? And this whole -- I believe, if I'm  
8 remembering correctly, I had written that to  
9 people -- a person or it may have been forwarded  
10 to other people, I may have written it to other  
11 people, and I started, to some extent, this --  
12 asking what should we do, and I -- my recollection  
13 is this was what flowed.  
14 Q You have no idea --  
15 MR. BERNICK: Excuse me. I think you  
16 interrupted him.  
17 BY MR. HANLY:  
18 Q Were you finished with your answer, sir?  
19 A Can you read back what my answer was?  
20 Q Yes, I can read it. At the end you  
21 said: "I may have written it to other people, and  
22 I started, to some extent, this -- asking what  
23 should we do, and I -- my recollection is this was  
24 what flowed."

1 MS. CONWAY: Exhibit 60.  
2 BY MR. HANLY:  
3 Q Oh, Exhibit 60. "Phase IV OxyContin  
4 Tablets Team."  
5 The Phase IV OxyContin Tablets Team,  
6 Doctor, was a group within Purdue engaged in  
7 marketing activities with respect to OxyContin,  
8 true?  
9 A It's a reasonable guess, but I don't  
10 recall.  
11 Q Okay. Now, if you look there at the  
12 top, it indicates a number of people, and one of  
13 the people there is M. Cullen.  
14 Do you see that?  
15 A I do.  
16 Q Okay. And this document has a heading  
17 on the first page, "Marketing and Sales Update."  
18 Do you see that?  
19 A I do.  
20 Q And it reads, does it not: "Mike Cullen  
21 discussed in detail Marketing's position of  
22 OxyContin. He explained that we want to expand  
23 extensively in the non-cancer market segment while  
24 promoting OxyContin as," quote, "'the one to start

1 Was that --  
2 A Out of my question -- yes, out of my  
3 question about why were our sales proportionately  
4 weaker than I expected.  
5 MR. HANLY: All right. Let's mark as  
6 the next exhibit, please.  
7 (Sackler Exhibit No. 60 was marked  
8 for identification.)  
9 BY MR. HANLY:  
10 Q I'm finished with that document, Doctor.  
11 A So the important thing -- let me just  
12 finish. The important thing is the context in  
13 which I wrote was the word that Michael Friedman  
14 used, which is the well known negative  
15 associations with morphine.  
16 I'm finished.  
17 Q Marked as the next exhibit a document  
18 entitled "Phase IV" --  
19 MR. HANLY: Would you place that before  
20 the witness, please, David?  
21 MR. BERNICK: Okay.  
22 MR. HANLY: What?  
23 MS. CONWAY: 60.  
24 MR. HANLY: 60 what?

1 with," unquote, "in cancer pain (instead of  
2 Percocet, Vicodin, etc.) and" --  
3 A Step -- step -- I'm sorry to interrupt  
4 you, but that's step 2.  
5 Q Yes.  
6 A Okay.  
7 Q If you'd let me ask the question,  
8 Doctor --  
9 A Certainly.  
10 Q -- we can move quickly through this.  
11 A I am sorry for the interruption.  
12 Q I'm going to start again.  
13 "Mike Cullen discussed in detail  
14 Marketing's positioning of OxyContin. He  
15 explained that we want to expand extensively in  
16 the non-cancer market segment while promoting  
17 OxyContin as," quote, "'the one to start with,"  
18 unquote, "in cancer pain (instead of Percocet,  
19 Vicodin, etc.) and," quote, "'the one to stay  
20 with," unquote, "through proper titration."  
21 Next paragraph: "We can show that we  
22 are as," quote, "'effective," unquote, "as  
23 morphine, but do not want to say OxyContin is as,"  
24 quote, "'powerful," unquote, "as morphine. Words

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1 such as," quote, "powerful," unquote, "may make  
2 some people think the drug is dangerous and should  
3 be reserved for the more severe pain. This could  
4 have a negative effect in the much larger  
5 non-cancer pain market. Mike reminded the team  
6 that we should keep this positioning in mind as we  
7 develop future marketing programs, symposia,  
8 clinical study, manuscripts, and any other items  
9 that discuss the use of OxyContin."

10 Did I read that correctly?

11 A You did.

12 Q And there's a reference there to  
13 "marketing programs," right? Do you see that?

14 A I'm -- I'm looking for "marketing  
15 programs."

16 Q Second to last sentence.

17 A Sentence?

18 Q Yes, sir.

19 A Okay. Thank you.

20 Q Or the last sentence on the second  
21 paragraph. I --

22 A Oh, the last sentence.

23 Q Yes, sir.

24 A Okay. (Peruses document.) Okay.

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Page 412

1 Q All right. So I -- I read that all  
2 correctly, did I not?

3 A I think you did.

4 Q Now, marketing -- the marketing  
5 activities of Purdue Pharma LP, between the launch  
6 in early 1996 over the next five years, was in  
7 part an attempt to influence the prescribing  
8 habits of physicians. True?

9 MR. BERNICK: Objection to form. Lack  
10 of foundation.

11 THE WITNESS: To affect it. I think  
12 that's a fair statement. It's not one I'm used  
13 to, but I think that's fair.

14 BY MR. HANLY:

15 Q Because at the end of the day, Doctor,  
16 sales of OxyContin are a function of the extent to  
17 which a physician is willing to prescribe the  
18 drug. True?

19 A To which he prescribes it.

20 Q True.

21 A Okay.

22 MR. HANLY: How much time have I got  
23 left?

24 MR. BERNICK: 15.

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Page 413

Highly Confidential - Subject to Further Confidentiality Review

1 MR. HANLY: Linda, do you want to come  
2 back or -- do you have something? I'm not done,  
3 but --

4 MS. SINGER: Oh, no, no, no. Finish.

5 MR. HANLY: Okay. All right.

6 BY MR. HANLY:

7 Q Now, Doctor, my colleague, Ms. Singer,  
8 was asking you a few questions about patents.  
9 Do you recall that?

10 A I do. I recall that she asked me a few  
11 questions about that.

12 Q And you're the inventor on a number of  
13 patents; is that correct?

14 A I am an inventor on a number of patents.

15 Q Right. And the inventor in the United  
16 States of a patent is not necessarily the owner or  
17 holder. True?

18 A Correct.

19 Q Now, at some point in time, Purdue  
20 acquired the patent for a self-destructing e-mail  
21 and messaging system. True?

22 A I haven't thought about this in a long  
23 time. I don't -- I don't -- I didn't know that  
24 the patent ever issued. I heard about an

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Page 414

Highly Confidential - Subject to Further Confidentiality Review

1 application, but I -- this was not -- not my idea,  
2 if I recall correctly. And I thought it was  
3 interesting, but nothing came of it commercially.

4 Q Well, would it surprise you to know that  
5 the patent did issue, sir?

6 A I didn't know that. So...

7 MR. HANLY: Let's mark as the next  
8 exhibit a document from the United States Patent  
9 and Trademark Office.

10 (Sackler Exhibit No. 61 was marked  
11 for identification.)

12 MR. HANLY: Would you place that before  
13 the witness, David. Thank you.

14 BY MR. HANLY:

15 Q Now, I placed before you, Doctor, a  
16 document that we got from the U.S. Patent and  
17 Trademark Office. And do you see the title on the  
18 upper left, "Self-Destructing Document and E-Mail  
19 Messaging System"?

20 A Yes.

21 Q And you see the inventors -- do you see  
22 the list of the inventors?

23 A No, I thought it was just -- oh, Udeil  
24 and et al.

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Page 415



Highly Confidential - Subject to Further Confidentiality Review

1 Q Right.

2 A Let me look at the list.

3 Q Howard Udehl was the general counsel of

4 Purdue Pharma LP, true?

5 A Yes.

6 Q Stuart D. Baker was a lawyer, a partner

7 at a firm called Chadbourne Parke, true?

8 A Yes.

9 Q And a member of the board of directors

10 of various Purdue entities over a period of some

11 two decades, true?

12 A Let me think. I don't know whether he

13 was a member or not.

14 Q But you -- you do know Stuart D. Baker.

15 A I do.

16 Q He was outside counsel to the Purdue

17 companies for many years, true?

18 A One of them, yes.

19 Q The other two and three individuals, you

20 don't know those folks, do you, Cary Kappel,

21 William Ries, or Greg Sherman?

22 A I don't know the individuals.

23 Q Right. Now, if you look at the

24 abstract, which is on the right-hand side of the

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Page 416

Highly Confidential - Subject to Further Confidentiality Review

1 page, it reads, does it not: "A self-destruction

2 document or e-mail" -- it says massaging, but I

3 think it means -- "messaging system is provided

4 that automatically destroys documents or e-mail

5 messages at a predetermined time by attaching a

6 virus to the document or e-mail message. A virus

7 in the form of a Trojan horse is attached to file,

8 such as an e-mail message or document, when it is

9 created. The virus contains a portion of

10 executable code or an executable program which

11 instructs the computer to overwrite and/or delete

12 the file to which the virus is attached at a

13 desired time. Since the virus is attached to the

14 file, it will travel with the file even when the

15 file is copied, forwarded, or saved to disks or

16 tape drives."

17 Did I read that correctly?

18 A You did.

19 Q And this is a patent that after its

20 issuance was assigned to Purdue Pharma, true?

21 A I didn't know that, but that's what it

22 says. If it says that, that's what it says.

23 Q Well, do you doubt that, sir?

24 A I -- okay. The question is, do I doubt

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Page 417

Highly Confidential - Subject to Further Confidentiality Review

1 that this --

2 Q Do you doubt that it was assigned?

3 A I didn't -- I don't know if it was

4 assigned.

5 Q Okay. You wouldn't be surprised to

6 learn it was -- it was assigned, though, would

7 you?

8 MR. CHEFFO: Object to form.

9 THE WITNESS: No.

10 I'm sorry. I should have waited.

11 (Counsel conferring.)

12 BY MR. HANLY:

13 Q Now, Doctor, I'm finished with --

14 A This?

15 Q -- with the patent document.

16 A Okay.

17 MR. BERNICK: Here's his -- go ahead.

18 BY MR. HANLY:

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Page 418

Highly Confidential - Subject to Further Confidentiality Review

1 [REDACTED]

2 [REDACTED]

3 [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

Golkow Litigation Services

Page 419

Golkow Litigation Services

Page 420

Highly Confidential - Subject to Further Confidentiality Review

Golkow Litigation Services

Page 422

Golkow Litigation Services

Page 421

Highly Confidential - Subject to Further Confidentiality Review

Golkow Litigation Services

Page 423

1 THE VIDEOGRAPHER: We're back on the  
2 record at 2:12 p.m.  
3 EXAMINATION  
4 BY MR. BERNICK:  
5 Q Good afternoon, Dr. Sackler. We're  
6 getting towards the end. I just have a few  
7 questions, and then my colleagues for the  
8 plaintiffs will have some further follow-up  
9 questions.  
10 I want to begin by talking about --  
11 asking you about a couple of the exhibits that you  
12 were shown, and I'll just put them up on the  
13 screen here in the interest of time. I too have  
14 highlighted them.  
15 So this is Exhibit 58, which you may  
16 recall. You can see that. Can you just --  
17 A I don't know -- okay.  
18 Can you just do the top so I can try to  
19 relate it to the document?  
20 Q So it's larger --  
21 A No, no, this is --  
22 Q There we go. There we go.  
23 This is dated -- or this portion of it  
24 is dated May 28th of 1997, and the author

1 stop?  
2 Q No, that's -- that's fine.  
3 A I remember clearly that we asserted the  
4 proposition with evidence that it was twice as  
5 strong -- and the evidence I think was in the  
6 package insert, some of it, anyhow -- that it was  
7 twice as strong, had two times the potency of  
8 morphine. And I --  
9 Q I want to show you --  
10 A I just want to finish.  
11 I remember no one saying that's wrong,  
12 except some people who were operating under an  
13 earlier conception that had gotten published, it  
14 wasn't two times stronger; it was one or  
15 one-and-a-half times stronger.  
16 Q Okay. I want to show --  
17 A We -- yeah.  
18 Q I want to show you Exhibit 24, which is  
19 the original package -- package insert for  
20 OxyContin.  
21 A Yes.  
22 Q Are you familiar with the original  
23 package insert from OxyContin?  
24 A I know there was an original package

1 Mr. Friedman writes to you, and one of the  
2 paragraphs that was cited says, quote: We are  
3 well aware of the view, held by many physicians,  
4 that oxycodone is weaker than morphine.  
5 Do you see that?  
6 A Yes.  
7 Q And then on Exhibit 60, which was dated  
8 June 13 of 1997, and this relates to a marketing  
9 and sales update in Mr. Cullen's remarks, it says:  
10 "We can show that we are as," quote,  
11 "'effective,'" close quote, "as morphine, but do  
12 not want to say OxyContin is as powerful as  
13 morphine."  
14 Do you see that?  
15 A Yes.  
16 Q Okay. Now, you had talked in your  
17 answers to those questions about potency. Was the  
18 potency of OxyContin as compared to oxy -- to  
19 morphine, was that potency addressed in the  
20 labeling for OxyContin, if you recall?  
21 A I believe it was expressed several  
22 times, but I can't tell you the count.  
23 Q Okay.  
24 A I remember -- should I go on or just

1 insert. "Familiar," could you just be a little  
2 more specific?  
3 Q From your point of view during your time  
4 at -- while you were working at Purdue, what, if  
5 anything, was the role of the package insert when  
6 it came to communicating with doctors?  
7 A The package insert was like the bible.  
8 It was the document that the FDA had worked very  
9 hard on to be complete, and they had to agree with  
10 every assertion in it. And if they didn't agree,  
11 they would take it out.  
12 Q I'm going to show you in Exhibit 24 at  
13 the pages ending 842, the table called Table 1:  
14 "Multiple population factors for converting the  
15 daily dose of prior opioids to the daily dose of  
16 oral oxycodone."  
17 Do you see that?  
18 A Yes, I see that.  
19 Q And do you see for oxycodone, it's 1,  
20 under the first column?  
21 A Right.  
22 Q And if we flip over the page, do you see  
23 where morphine is listed then as 0.5?  
24 What, if any, relationship does that

1 statement in the label, that information in the  
2 label, have to your testimony about what Purdue  
3 told doctors about the potency of morphine versus  
4 OxyContin?  
5 MR. HANLY: Objection to the form.  
6 BY MR. BERNICK:  
7 Q Go ahead.  
8 A It's consistent with what I recall to be  
9 another part of the label, which said the  
10 conversion ratio or the relative potency was twice  
11 as potent as morphine. And this -- the way I read  
12 this says the same thing, but -- well, that's my  
13 answer.  
14 Q Are you aware of any statement that  
15 Purdue, to your knowledge, made in -- made to  
16 doctors which said that the -- that the  
17 relationship of potency between OxyContin and  
18 morphine is anything other than 2 to 1?  
19 A I'm not aware of that.  
20 Q You were also asked questions about a  
21 DEA -- some testimony by the DEA. Do you recall  
22 that?  
23 A I recall the subject came up.  
24 Q Well, actually, I forgot one more thing

1 on the label.  
2 A Oh, okay.  
3 Q You were asked questions about  
4 OxyContin, the positioning of OxyContin in  
5 relationship to MS Contin. Do you recall that?  
6 A I think I recall, yeah.  
7 Q So we're now back again at the time of  
8 these earlier e-mails.  
9 A Yes.  
10 Q MS Contin was a drug. What kind of drug  
11 was MS Contin?  
12 A It was morphine sulfate, extended  
13 release or controlled release. The terms  
14 underwent changes over the years.  
15 Q Okay.  
16 A The FDA prescribed those changes. We  
17 didn't change them.  
18 Q Now, OxyContin -- in OxyContin, was the  
19 active ingredient morphine or was it something  
20 else?  
21 A It was morphine sulfate.  
22 Q No, for OxyContin.  
23 A Oh, I'm sorry. I think the active  
24 ingredient was oxycodone hydrochloride. I think

1 the salt was hydrochloride.  
2 Q And if you know, what was the  
3 rationale -- if you already had MS Contin out  
4 there with morphine, what was the rationale for  
5 using oxycodone as the active ingredient in  
6 OxyContin?  
7 A I can think of two things. One was that  
8 the market from the early '90s or before, really  
9 in the '80s, was expanding, and the market for  
10 strong opioids was expanding because of a variety  
11 of factors. The most important being the  
12 increasing number of doctors who were aware that  
13 the opinion -- most of the opinion, as I can't say  
14 every single one -- felt that doctors could do a  
15 lot better treating patients with opioids when  
16 necessary, rather than withholding opioids and  
17 allowing them to suffer.  
18 The second I've already alluded to --  
19 well, no, there's a third.  
20 We had learned at some point in time  
21 that just because one opioid doesn't work or has  
22 an unacceptable side effect doesn't mean that all  
23 of them will. And that the right strategy to use  
24 is to treat each drug as related but not

1 necessarily the same. And they actually aren't.  
2 There's a lot of individual response.  
3 And the third thing I've already  
4 mentioned was the WHO analgesic ladder -- I think  
5 I've described that properly -- which was getting  
6 much more widely known in the United States.  
7 Q Okay. MS Contin, I think you've already  
8 testified, was a drug that was often used by  
9 oncologists.  
10 MR. HANLY: Objection to the form.  
11 THE WITNESS: I -- if that's what I  
12 testified -- I'm just hesitating now, not because  
13 it's not true, but because -- I'm trying to think  
14 if I can figure out any statistic or something,  
15 but I can't recall that.  
16 BY MR. BERNICK:  
17 Q Oh, no, don't worry about that.  
18 My question really is, was the market  
19 for the -- the intended market for oxy --  
20 OxyContin, did that also include patients who had  
21 moderate to severe pain but were not suffering  
22 from cancer?  
23 A Yes.  
24 Q Okay.

1 A And by the way, MS Contin had the  
2 same -- similar no limitation.  
3 Q Go back to Exhibit 20 --  
4 A In the label.  
5 Q Go back to Exhibit 24, and take you to  
6 Indications and Usage.  
7 It says: "OxyContin tablets are a  
8 controlled release oral formulation of oxycodone  
9 hydrochloride indicated for the management of  
10 moderate to severe pain where use of an opioid  
11 analgesic is appropriate for more than a few  
12 days."  
13 Do you see that on the screen?  
14 A I do.  
15 Q Is that indication limited to patients  
16 with -- who suffer from cancer, or does it also  
17 include patients who have the same degree of pain  
18 but don't have cancer?  
19 MR. HANLY: Objection to the form.  
20 THE WITNESS: It was understood by  
21 everyone that the -- that narcotics were not  
22 limited to cancer pain.  
23 BY MR. BERNICK:  
24 Q Thank you.

1 MR. HANLY: "Patient."  
2 MR. BERNICK: Okay.  
3 THE WITNESS: Thank you for the  
4 correction.  
5 BY MR. BERNICK:  
6 Q I will read it again. "I am disturbed  
7 by the site's statement that addiction from  
8 prescribed opioids is," quote, "'rare in patients  
9 without a history of drug/alcohol abuse' if  
10 prescribed under a physician's care."  
11 Do you see that?  
12 A I do.  
13 Q Now, I want to focus on the -- the  
14 statement that says "rare" -- "addiction to --  
15 from prescribed opioids is rare in patients  
16 without a history," and go back to the original  
17 label package insert, Exhibit 24, and to a page --  
18 a page ending with 838.  
19 It says: "Drug addiction," paren, "drug  
20 dependence, psychological dependence," close  
21 paren, "is characterized by a preoccupation with  
22 the procurement, hoarding, and abuse of drugs for  
23 nonmed- -- medicinal purposes. Dependence is  
24 treatable utilizing a multidisciplinary approach,

1 Let's now go forward in time to --  
2 A I should have -- I should have asserted  
3 the positive, but --  
4 Q Let's now go forward in time to July of  
5 2001, and the letter that was written by  
6 then-Attorney General Blumenthal.  
7 Do you recall that? This is the cover  
8 page, this is the letter, Exhibit 49.  
9 A What I was shown today?  
10 Q Yes. We're going to go back to that.  
11 July 31, 2001, do you see that?  
12 A Yes.  
13 Q Now, Counsel showed you on page -- the  
14 page Bates number ending 034, which is page 4 of  
15 the letter, he -- the Attorney General writes:  
16 "Specifically, I am disturbed by the site's  
17 statement that addiction from prescribed opioids  
18 is," quote, "'rare in patients without a history  
19 of drug/alcohol abuse' if prescribed under a  
20 patient's care. This simply is not true."  
21 Do you see that?  
22 MR. HANLY: Objection. I think you  
23 meant to say "physician's care."  
24 MR. BERNICK: What did I say?

1 but relapse is common. Iatrogenic addiction to  
2 opioids legitimately used in the management of  
3 pain is every -- is very rare."  
4 Was that your understanding of what the  
5 FDA was telling doctors or telling Purdue and  
6 Purdue telling doctors in the label?  
7 MR. HANLY: Objection to the form.  
8 THE WITNESS: Can I answer it?  
9 MR. WEINTRAUB: Yes.  
10 THE WITNESS: I'm sorry. Putting a  
11 little levity in here.  
12 That is my understanding. Yes.  
13 BY MR. BERNICK:  
14 Q From your point of view, was it false,  
15 as Attorney General Blumenthal said, that  
16 addiction from prescribed opioids is rare in  
17 patients without history --  
18 MR. HANLY: Object --  
19 BY MR. BERNICK:  
20 Q -- if prescribed and used under a  
21 patient's care?  
22 MR. HANLY: Under a physician's care.  
23 MR. BERNICK: Physician's care.  
24 MR. HANLY: Objection to the form,



1 including my own correction.  
2 THE WITNESS: Thank you.  
3 Okay. What was the question? I'm  
4 sorry.  
5 BY MR. BERNICK:  
6 Q Well, in your own view, was it false to  
7 say that --  
8 A Was the Attorney General making --  
9 Q Yes.  
10 A I would rather characterize it as  
11 erroneous or ignorant. I don't believe that he  
12 had studied the package insert. And I don't know  
13 that. When I saw that today, I looked at it and I  
14 thought, well, he probably just didn't know. Or  
15 it's an unquantified statement, and his idea of  
16 what was very rare was different than the FDA's.  
17 Q I want to show you --  
18 MR. HANLY: Objection. Move to strike.  
19 BY MR. BERNICK:  
20 Q I want to show you now the -- another  
21 package insert. If we can have that marked as --  
22 MR. BERNICK: Is that already marked?  
23 (Sackler Exhibit No. 63 was marked  
24 for identification.)

1 General Blumenthal wrote, do you see where it says  
2 in the package insert itself: "Concerns about  
3 abuse, addiction, and diversion should not prevent  
4 the proper management of pain. The development of  
5 addiction to opioid analgesics in properly managed  
6 patients with pain has been reported to be rare."  
7 Was that your understanding of what the  
8 current label said as of the time of  
9 Mr. Blumenthal's letter?  
10 A Yes.  
11 Q You were shown an exhibit --  
12 This is the DEA deal. What's the DEA  
13 letter? Do you remember? We'll figure it out  
14 here.  
15 You were shown an exhibit that related  
16 to the testimony of the DEA before Congress -- and  
17 we could use it here -- on May 17 of 2001. Do you  
18 see that?  
19 A Yes.  
20 Q And do you remember this is the exhibit  
21 where counsel pointed out that the DEA was asking  
22 industry to look at the reformulation, et cetera.  
23 Do you remember that?  
24 A Yes.

1 BY MR. BERNICK:  
2 Q If you could take a look at Exhibit 63,  
3 Dr. Sackler. Do you recognize that as the boxed  
4 warning label that came on the package insert in  
5 about July of 2001?  
6 A Yes. It looks correct.  
7 Q If we take a look at the last page --  
8 A Oh, last page.  
9 Q -- of the document, which says -- do you  
10 see it says July 18, 2001?  
11 A Yes.  
12 Q So that would be roughly almost two  
13 weeks, about ten days before the Attorney General  
14 Blumenthal wrote his letter?  
15 A I didn't look at his date, but if --  
16 Q If we take a look --  
17 A -- you studied it, yes.  
18 Q If we take a look at -- and I'll just  
19 put it up on the screen.  
20 MR. BERNICK: If you could flip -- if  
21 you could help him flip.  
22 BY MR. BERNICK:  
23 Q Do you see where this package insert  
24 that came out before the letter from Attorney

1 MR. WEINTRAUB: It's Exhibit 44.  
2 BY MR. BERNICK:  
3 Q Could you tell -- could you tell us  
4 whether in fact following or during -- during  
5 years following the DEA's testimony in 2001, could  
6 you tell us whether in fact Purdue did work on  
7 a -- a different formulation of OxyContin in order  
8 to try to address abuse?  
9 MR. HANLY: Objection to the form.  
10 THE WITNESS: I was aware of many  
11 efforts, including this one, to reformulate  
12 OxyContin and make it less abusable.  
13 BY MR. BERNICK:  
14 Q Ultimately did a time come when Purdue  
15 became the first company to come out with a  
16 formulation that had tamper-resistant properties?  
17 MR. HANLY: Objection to the form.  
18 THE WITNESS: I believe -- yes, it -- it  
19 did. And -- yes. No, no -- no buts about it,  
20 yes.  
21 BY MR. BERNICK:  
22 Q Do you know roughly how much that  
23 development cost?  
24 A I -- roughly, it's probably -- I don't

1 know precisely. It's probably cost us more than a  
 2 billion dollars, both in development and in  
 3 increased costs, because we had to license  
 4 technology to make that work. Other technology we  
 5 were inventing.

6 Q At the end of the letter that -- that  
 7 Mr. -- that Attorney General Blumenthal wrote,  
 8 counsel earlier recited or directed your attention  
 9 to the following statement, where it says:  
 10 "Recognizing its perils as well as promise, Purdue  
 11 has a moral, ethical and legal responsibility to  
 12 take effective, meaningful steps to rectify the  
 13 problems."

14 Do you see that?

15 A Yes.

16 Q In your own view, just tell us,  
 17 Dr. Sackler, tell us whether or not you believe  
 18 that after the opioid crisis emerged in 2001,  
 19 whether you believed that Purdue Pharma was  
 20 responsible in the steps that it took to address  
 21 abuse and diversion.

22 MR. HANLY: Objection to the form.

23 BY MR. BERNICK:

24 Q Just tell us what your view was as to

1 DEA?

2 A One thing comes to mind. While it  
 3 appeared that this problem was very scattered and  
 4 not too numerous, our epidemiology or statistical  
 5 people came up with a model to predict the highest  
 6 100 counties at risk of this problem emerging, and  
 7 that was presented to the DEA to strong,  
 8 positive -- or I seem to remember that they  
 9 indicated they had never seen anything like this,  
 10 had never tried to do it, and they asked us to  
 11 give them a model, and we did.

12 Q Now, finally, Dr. Sackler, I want to go  
 13 back to Exhibits 53 and 54. These are e-mails  
 14 that -- or e-mail chains that involved you in  
 15 2001 -- actually, in February and July of 2001.

16 The one in 53 talks about the -- the  
 17 abusers, the drug abusers, and that they're the  
 18 problem, they're reckless criminals.

19 Another was Exhibit 54, where you wrote  
 20 that -- that abusers -- that addicts get  
 21 themselves addicted over and over again.

22 Do you see that?

23 A Yes.

24 Q And we're now here many, many years

1 whether --

2 A My --

3 Q -- it was responsible.

4 A My view was that we pioneered and --

5 "pioneered" meaning nobody had ever done things we  
 6 did in dozens of programs -- and we supported  
 7 other programs that had been pioneered either for  
 8 opioids or other abusive drugs.

9 Q What about the role -- how did the  
 10 company look at the FDA -- what was -- what, if  
 11 any, role did the FDA's own actions play in the  
 12 company's activities with respect to abuse and  
 13 diversion?

14 MR. HANLY: Objection to the form.

15 THE WITNESS: My understanding was that  
 16 our scientific and medical people collaborated  
 17 with the FDA. We shared with them what we were  
 18 trying to do. I don't know whether they made  
 19 additional suggestions or not, but we took this  
 20 extremely seriously.

21 BY MR. BERNICK:

22 Q What about collaboration with the DEA,  
 23 are you familiar with whether -- you may not be,  
 24 but are you familiar with collaboration with the

1 later, and now looking back over these e-mails,  
 2 what do you say about the understanding that --  
 3 that those e-mails, what do you say about them and  
 4 the understanding that you've come to have about  
 5 the impact of addiction?

6 MR. HANLY: Objection to the form.

7 THE WITNESS: Of course, my -- I've  
 8 gotten a lot more information about addiction in  
 9 general and opiate -- or opioid addiction in  
 10 particular, and of course, my views have evolved  
 11 and changed.

12 At that time I was very concerned that  
 13 the balance that had been struck by the FDA  
 14 between the benefits and the risks of strong  
 15 opioids might be upset, perhaps with terrible  
 16 consequence for patients and for doctors who  
 17 wanted to treat them.

18 I probably was quite emotional when I  
 19 wrote e-mails at that time. But in the case of  
 20 Tom Gruber, I think these two e-mails were un- --  
 21 they were spontaneously sent to me unprompted, as  
 22 is clear from reading the fact that it came from  
 23 Dr. Gruber and from Jay Wettlaufer, who is not a  
 24 physician or knowledgeable. And I really didn't

1 want to engage in dialogue about this because it  
 2 was so upsetting.  
 3 So -- I overstated my agreement or my  
 4 disagreement with each, with Lonnie D., not a  
 5 professional -- both of them were not  
 6 professional. I said, I agree with you. I didn't  
 7 agree with her, but I just didn't want to engage.  
 8 It was just too painful.

9 BY MR. BERNICK:

10 Q When you say that the balance of  
 11 benefits and risks was at stake in some fashion,  
 12 what benefits in particular were you focused on?

13 A The fact that then and today opioids --  
 14 opiates -- opioids are the most effective  
 15 treatment available for pain. They're not a first  
 16 resort. They shouldn't -- clearly if Tylenol  
 17 works, you should never use an opioid. But,  
 18 unfortunately, my understanding was there were 10  
 19 or 20 million people truly suffering with chronic  
 20 pain, and we were making an inroad. Not alone --  
 21 J&J had a very effective product, and they were  
 22 helping in this effort, and their product was very  
 23 successful.

24 MR. BERNICK: Thank you, Dr. Sackler.

1 Ms. Abrams, who was your general counsel, signed  
 2 this document. Right?

3 A I don't recall if she was the general  
 4 counsel when she signed it, but --

5 Q Well, she was a director of Purdue  
 6 Frederick, it says that.

7 A If that's so, then that's what she was.

8 Q Okay. And then Michael Friedman signed  
 9 it himself. Do you see that?

10 The same -- same --

11 A Okay, I'll find it.

12 Q Same area, under Ms. --

13 A Abrams. Oh, here. Yes. I couldn't  
 14 read the signature, but --

15 Q Right. And -- and then below

16 Mr. Friedman is -- is Howard Udeil.

17 A Yes.

18 Q And Howard Udeil was general counsel,  
 19 in-house counsel --

20 A Yes.

21 Q -- to the Purdue companies, true?

22 A Yes.

23 Q And we've already established he pleaded  
 24 guilty to a federal misdemeanor in connection with

1 That's all I have.

2 THE VIDEOGRAPHER: Going off the record  
 3 at 2:38 p.m.

4 (Recess.)

5 THE VIDEOGRAPHER: Back on the record at  
 6 2:50 p.m.

7 FURTHER EXAMINATION

8 BY MR. HANLY:

9 Q Dr. Sackler, Mr. Bernick asked you in  
 10 his direct examination some questions about the  
 11 subject matter you and I were discussing, the  
 12 relative potency of morphine as opposed to  
 13 oxycodone.

14 Do you recall that, sir?

15 A I do.

16 Q All right. Now, you have before you  
 17 Exhibit 56. Do you not? Something called an  
 18 "Agreed Statement of Facts."

19 A Yes. I do.

20 Q And if you would turn to the --  
 21 page 15 -- 16 of 16, there's a whole bunch of  
 22 signatures. That's it.

23 A Yes.

24 Q Okay. And so on behalf of the company,

1 the marketing of OxyContin, right?

2 A I don't recall precisely what he pleaded  
 3 guilty to. I do recall he pleaded guilty.

4 Q Okay. And also -- withdrawn.

5 Now, turn back, please, to page 9 of 16  
 6 in this document. I'm going to direct your  
 7 attention to paragraph 29. When you get to 9 of  
 8 16 --

9 A I will. Thank you. 29.

10 Q All right. Do you see that at the  
 11 bottom, paragraph 29, sir?

12 A Yes.

13 Q And it reads, does it not: "In or about  
 14 May 1997, certain Purdue supervisors and employees  
 15 stated that while they were well aware of the  
 16 incorrect view held by many physicians that  
 17 oxycodone was weaker than morphine, they didn't  
 18 want -- they did not want to do anything, quote,  
 19 "'to make physicians think that oxycodone was  
 20 stronger or equal to morphine,'" unquote, "or,"  
 21 quote -- "or to," quote, "'take any steps in the  
 22 form of promotional materials, symposia,  
 23 clinicals, publications, conventions or  
 24 communications with the field force that would

1 affect the unique position that OxyContin had in  
 2 many physicians' mind (sic),'" unquote.  
 3 Do you see that?  
 4 A Yes.  
 5 Q And that in fact is -- the gist of that  
 6 is actually reflected in the e-mail exchange that  
 7 I showed you a little while ago, right?  
 8 A It wasn't what I thought -- yes, that --  
 9 that's -- I can't tell you what was in their mind,  
 10 and I can't -- and I do believe that we agreed and  
 11 had -- to the best of my knowledge, have lived up  
 12 to that agreement not to contest that statement  
 13 with -- within the agreement.  
 14 Q So this was an Agreed Statement of Facts  
 15 that your company's representatives signed in  
 16 connection with the company's felony conviction,  
 17 true?  
 18 A Okay. Let me just parse that out.  
 19 This is an Agreed Statement of Facts,  
 20 yes.  
 21 Q That your company --  
 22 A That the company signed, yes.  
 23 Q In connection with a federal felony  
 24 conviction.

1 patent on MS Contin was expiring?  
 2 A No, I don't recall it that way.  
 3 Q Do you recall that the expir- -- that  
 4 the pending expiration of the MS Contin patent had  
 5 anything to do with the development of OxyContin?  
 6 A My recollection is -- my recollection  
 7 is -- I'll try to speak clearly -- is that the  
 8 project started in the late '80s. I don't recall  
 9 what you say that -- that the patent -- I  
 10 recalled -- well, I testified as to what my  
 11 recollection is, and it was several things. Okay.  
 12 Q Do you, as you sit here today, recollect  
 13 when the patent on MS Contin expired?  
 14 A Actually, I do not. I think there were  
 15 several patents, but I don't -- I haven't looked  
 16 at that in a long time.  
 17 Q You spoke to Mr. Bernick about the  
 18 reformulation of OxyContin, the so-called  
 19 tamper-resistant version.  
 20 A Yes.  
 21 Q And that was introduced into the market  
 22 in 2010. True?  
 23 A That rings a bell. I think it's  
 24 correct, yes.

1 A I thought you said a misdemeanor last  
 2 time.  
 3 Q The individuals pled to a misdemeanor --  
 4 A Uh.  
 5 Q -- to misdemeanors --  
 6 A Okay.  
 7 Q -- and the company pled to a felony.  
 8 A I was unaware of the distinction, but  
 9 okay.  
 10 Q Now, you -- I'm finished with that  
 11 document. Thank you, sir.  
 12 A Oh.  
 13 Q Mr. Bernick asked you some questions --  
 14 you can just leave it there, sir. Thank you --  
 15 asked you some questions about the introduction of  
 16 OxyContin to the -- to the market. True? Do you  
 17 recall that?  
 18 A Yeah, I think -- correct, yes.  
 19 Q All right.  
 20 A I'm not -- I'm a little bit full of  
 21 recollection, so...  
 22 Q Okay. Isn't it true, sir, that the  
 23 principal impetus for the introduction to the  
 24 marketplace of OxyContin was the fact that the

1 Q And between 1999 and 2010, did Purdue  
 2 ever consider the cessation of promotion of  
 3 OxyContin as the incidence of abuse was becoming  
 4 more evident?  
 5 MR. BERNICK: Objection. Lack of  
 6 foundation.  
 7 THE WITNESS: Okay. But I answer,  
 8 right? Right.  
 9 Okay. The operative word is do I  
 10 recollect or is it -- did Purdue -- just rephrase  
 11 it, please.  
 12 BY MR. HANLY:  
 13 Q To your knowledge, did Purdue ever  
 14 consider the cessation of promotion of OxyContin  
 15 as the incidence of abuse was becoming more  
 16 evident?  
 17 MR. BERNICK: Again, object. Lack of  
 18 foundation.  
 19 THE WITNESS: I think we did not  
 20 consider ceasing promotion, but we took actions,  
 21 such as withdrawing the product from Mexico when  
 22 we did an investigation and concluded that Mexico  
 23 might be a route or an access point for abusers to  
 24 acquire the product. I think we changed the

1 indicia on both Canada and Mexico.  
2 We took several more actions, but I  
3 can't instantly recall them.  
4 BY MR. HANLY:  
5 Q Between 1999 and 2010, sir, did you  
6 cease the promotion of OxyContin for dental  
7 procedures?  
8 A I -- my recollection is we never  
9 promoted it for dental procedures.  
10 Q That's your recollection?  
11 A That's my recollection.  
12 But I -- it's been a long, long time.  
13 So -- but my recollection is we never promoted it  
14 for dental procedures.  
15 Q Well, wasn't one of the impetus for the  
16 reformulation in 2010 the extension of the patent  
17 period?  
18 A No, not that I recollect. The -- the  
19 impetus was to make a product that we would hope  
20 was less abusable, and as studies were done with  
21 the introduction, it turned out, my understanding  
22 is, that it was substantially less abused after  
23 that.  
24 MR. HANLY: David, do you have the --

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1 Mr. Bernick was asking you about, and indeed, he  
2 highlighted a portion of this section.  
3 It's the very top of the page.  
4 A Oh.  
5 Q Do you see he -- he highlighted the  
6 following: "Concerns about abuse, addiction and  
7 diversion should not prevent the proper management  
8 of pain. The development of addiction to opioid  
9 analgesics in properly managed patients with pain  
10 has been reported to be rare," and he stopped  
11 there. Right?  
12 A I don't recall, but if you say -- the  
13 record will show where he stopped.  
14 Q Okay. And -- but the last sentence of  
15 the paragraph, which Mr. Bernick omitted in his  
16 examination of you, reads: "However, data are not  
17 available to establish the true incidence of  
18 addiction in chronic pain patients."  
19 Did I read that correctly?  
20 MR. BERNICK: Objection. I move to  
21 strike the prefatory statement.  
22 THE WITNESS: Yes, you read it  
23 correctly.  
24 BY MR. HANLY:

1 the July 2001 copy of the PI --  
2 THE WITNESS: Teamlink?  
3 MR. BERNICK: Yeah. I'll show --  
4 THE WITNESS: Yeah. Sorry.  
5 MR. BERNICK: You want to show it to  
6 him.  
7 MR. HANLY: Well, let me just take a  
8 look at --  
9 MR. BERNICK: I thought you would have  
10 had that memorized.  
11 THE WITNESS: Yeah.  
12 MR. BERNICK: How many -- how long has  
13 this been?  
14 THE VIDEOGRAPHER: 10 minutes.  
15 BY MR. HANLY:  
16 Q Doctor --  
17 MS. CONROY: He has to switch it over.  
18 MR. HANLY: Oh. Okay.  
19 BY MR. HANLY:  
20 Q This is actually -- here, let me put  
21 this in front of you, Doctor.  
22 This does not have page numbers on it,  
23 but I have opened to the page in the July 18, 2001  
24 package insert, which contains the section that

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1 Q Okay. And do you recall whether in or  
2 around July of 2001, you believed that that  
3 statement was true; that is, data were not then  
4 available to establish the true incidence of  
5 addiction in chronic pain patients?  
6 A I didn't focus on it as you're asking me  
7 to do so now, but I -- had I done so -- well, I  
8 don't have to say the hypothetical, I guess.  
9 But I would -- I would have asked  
10 myself, I think there is data, but I would read  
11 that to be insufficient data to establish it.  
12 There was data, I'm virtually sure, but I can't  
13 cite it for you from memory. I'm --  
14 Q So you --  
15 A I'm -- So I suspect there was real data,  
16 but -- that's how I would read it had I focused on  
17 it.  
18 Q So you -- sorry. So you agree -- you  
19 agreed in Mr. Bernick's examination to the truth  
20 of every statement in the PI that he showed you,  
21 but when I show you this statement, you tell me  
22 that you think that it's wrong?  
23 MR. BERNICK: Objection. Argumentative.  
24 I also think that this now is not really proper at



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1 this point given the time that it's taken.  
 2 THE WITNESS: I didn't say --  
 3 MR. BERNICK: I --  
 4 THE WITNESS: I'm sorry.  
 5 SPECIAL MASTER COHEN: You can answer.  
 6 MR. BERNICK: What?  
 7 SPECIAL MASTER COHEN: There is a  
 8 pending question. He can answer.  
 9 THE WITNESS: I didn't say -- didn't  
 10 intend to imply this is categorically untrue.  
 11 What I said is, I added a bracket,  
 12 sufficient data in the mind -- clearly in the  
 13 minds of the -- of the people working on this  
 14 package insert.  
 15 But -- that's it. That's what I can  
 16 say.  
 17 BY MR. HANLY:  
 18 Q But you are -- this is my last question,  
 19 sir.  
 20 You are aware, are you not, of marketing  
 21 materials generated and disseminated between 1999  
 22 and 2010 by your company that stated in no  
 23 uncertain terms that there was virtually no risk  
 24 of addiction to OxyContin on the part of patients

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1 SPECIAL MASTER COHEN: The question was  
 2 asked twice. He can answer. It's a yes-or-no  
 3 question.  
 4 THE WITNESS: I have no recollection of  
 5 any brochure that did that, did what you put  
 6 forward as a proposition, to be -- trying to be  
 7 clear.  
 8 MR. HANLY: I think we're done.  
 9 SPECIAL MASTER COHEN: We are.  
 10 MR. BERNICK: Okay.  
 11 THE VIDEOGRAPHER: This ends today's  
 12 deposition. We're going off the record. The time  
 13 is 3:06 p.m.  
 14 (Whereupon, the deposition of  
 15 RICHARD SACKLER, M.D. was  
 16 concluded at 3:06 p.m.)  
 17  
 18  
 19  
 20  
 21  
 22  
 23  
 24

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1 prescribed the drug?  
 2 A I --  
 3 MR. BERNICK: Hang -- hang on. Object  
 4 to form. It is a reiteration of -- of a lot of  
 5 the cross, and it's not tied to my examination.  
 6 THE WITNESS: Okay. Can you restate the  
 7 question? Since the last one. I want to be sure  
 8 I --  
 9 MR. HANLY: Sure thing.  
 10 THE WITNESS: -- heard it right.  
 11 BY MR. HANLY:  
 12 Q You are aware, are you not, of marketing  
 13 materials generated and disseminated between 1999  
 14 and 2010 by your company that stated in no  
 15 uncertain terms that there was virtually no risk  
 16 of addiction to OxyContin on the part of patients  
 17 prescribed the drug?  
 18 MR. CHEFFO: Objection.  
 19 MR. BERNICK: Objection. Lack of  
 20 foundation. Form.  
 21 Again, this is out of time.  
 22 MR. HANLY: I'm just --  
 23 MR. BERNICK: Subject to Your Honor's  
 24 determination.

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1 CERTIFICATE OF CERTIFIED SHORTHAND REPORTER  
 2 The undersigned Certified Shorthand Reporter  
 3 does hereby certify:  
 4 That the foregoing proceeding was taken before  
 5 me at the time and place therein set forth, at  
 6 which time the witness was duly sworn; That the  
 7 testimony of the witness and all objections made  
 8 at the time of the examination were recorded  
 9 stenographically by me and were thereafter  
 10 transcribed, said transcript being a true and  
 11 correct copy of my shorthand notes thereof; That  
 12 the dismantling of the original transcript will  
 13 void the reporter's certificate.  
 14 In witness thereof, I have subscribed my name  
 15 this date: March 12, 2019.  
 16  
 17 Leslie A. Todd  
 18 LESLIE A. TODD, CSR, RPR  
 19 Certificate No. 5129  
 20 (The foregoing certification of  
 21 this transcript does not apply to any  
 22 reproduction of the same by any means,  
 23 unless under the direct control and/or  
 24 supervision of the certifying reporter.)

1 INSTRUCTIONS TO WITNESS

2 Please read your deposition over carefully and

3 make any necessary corrections. You should state

4 the reason in the appropriate space on the errata

5 sheet for any corrections that are made.

6 After doing so, please sign the errata sheet

7 and date it.

8 You are signing same subject to the changes

9 you have noted on the errata sheet, which will be

10 attached to your deposition. It is imperative

11 that you return the original errata sheet to the

12 deposing attorney within thirty (30) days of

13 receipt of the deposition transcript by you. If

14 you fail to do so, the deposition transcript may

15 be deemed to be accurate and may be used in court.

16

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2 E R R A T A

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4 PAGE LINE CHANGE

5 \_\_\_\_\_

6 REASON: \_\_\_\_\_

7 \_\_\_\_\_

8 REASON: \_\_\_\_\_

9 \_\_\_\_\_

10 REASON: \_\_\_\_\_

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12 REASON: \_\_\_\_\_

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14 REASON: \_\_\_\_\_

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16 REASON: \_\_\_\_\_

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22 REASON: \_\_\_\_\_

23 \_\_\_\_\_

24 REASON: \_\_\_\_\_

1 ACKNOWLEDGMENT OF DEPONENT

2 I, \_\_\_\_\_, do hereby

3 certify that I have read the foregoing pages, and

4 that the same is a correct transcription of the

5 answers given by me to the questions therein

6 propounded, except for the corrections or changes

7 in form or substance, if any, noted in the

8 attached Errata Sheet.

9

10 \_\_\_\_\_

11 RICHARD SACKLER, M.D. DATE

12

13

14 Subscribed and sworn to

15 before me this

16 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

17 My commission expires: \_\_\_\_\_

18 \_\_\_\_\_

19 Notary Public

20

21

22

23

24